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ABSTRACT

The Discretionary Programs, Parts C through G of Public Law 94-142, the Education for All Handicapped Children Act, provide a framework for meeting the unique educational needs of children with disabilities. At this hearing, representatives of disability organizations provided information concerning program effectiveness and program impact on the provision of a free appropriate public education to children with disabilities, and offered recommendations for program improvement. Following an introductory statement by Representative Major Owens is the hearing transcript which contains prepared statements, letters, and supplemental materials from organizations including the following: American Foundation for the Blind, Association for Children and Adults with Learning Disabilities, Association for Retarded Citizens of the United States, Council for Exceptional Children, Council of Organizational Representatives, Curry School of Education of the University of Virginia, National Association of School Psychologists, National Coalition of Deaf-Blindness, National Mental Health and Special Education Coalition, New York State Head Injury Association, United Cerebral Palsy Associations, United Cerebral Palsy of Vermont, Virginia Commonwealth University's Division of Educational Services, and WGBH Educational Foundation. (JDD)

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HEARING ON REAUTHORIZATION OF DISCRETIONARY PROGRAMS-EHA

HEARING

BEFORE THE

SUBCOMMITTEE ON SELECT EDUCATION

OF THE

COMMITTEE ON EDUCATION AND LABOR
HOUSE OF REPRESENTATIVES

ONE HUNDRED FIRST CONGRESS

FIRST SESSION

HEARING HELD IN WASHINGTON, DC, APRIL 4, 1989

Serial No. 101-11

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HEARING ON REAUTHORIZATION OF DISCRETIONARY PROGRAMS-EHA

TUESDAY, APRIL 4, 1989

House of Representatives,
Subcommittee on Select Education,
Committee on Education and Labor,
Washington, DC.

The subcommittee met, pursuant to notice, at 9:30 a.m., in Room 2261, Rayburn House Office Building, Hon. Major R. Owens [Chairman] presiding.

Members present: Representatives Owens, Martinez, Jontz, Bartlett, Ballenger and Smith.

Staff present: Gary Granofsky, Wanser Green, Patricia Laird, Richard Horne and Michael Janger.

Chairman Owens. The hearing of the Subcommittee on Select Education will come to order.

Many children with disabilities have benefited from the passage of P.L. 94-142 and its subsequent amendments. The Discretionary Programs, Parts C through G, of this monumental legislation have played a significant role in the determination of how education should be provided to these children.

Each child with a disability needs a different set of approaches and services in order to guarantee a "free appropriate public education."

The design of the Discretionary Program provides the framework needed when exploring ways in which we can meet the unique needs of each individual child.

Over the years the activities and projects funded under the Discretionary Programs have been the catalyst for change. They have been instrumental in fostering new teaching methods and curriculum, promoting the dissemination of information, facilitating the availability of trained personnel, generating new perspectives in the resolution of persistent problems and providing parents with vital information and training.

Today we will hear from representatives of the major disability organizations. It is their constituents whom the Discretionary Programs are meant to benefit. They will provide information on how the programs are working and what impact these programs have had on the provision of a free appropriate public education to children with disabilities.

The recommendations submitted at today's hearing will be seriously considered as the subcommittee develops legislation during the reauthorization process.

[The prepared statement of Hon. Major Owens follows:]

OPENING STATEMENT

REAUTHORIZATION HEARING EHA - DISCRETIONARY PROGRAMS

APRIL 4, 1989

MANY CHILDREN WITH DISABILITIES HAVE BENEFITTED FROM THE PASSAGE OF P.L. 94-142 AND ITS SUBSEQUENT AMENDEMENTS. THE DISCRETIONARY PROGRAMS -- PARTS C-G OF THIS MONUMENTAL LEGISLATION -- HAVE PLAYED A SIGNIFICANT ROLE IN THE DETERMINATION OF HOW EDUCATION SHOULD BE PROVIDED TO THESE CHILDREN. EACH CHILD WITH A DISABILITY NEEDS A DIFFERENT SET OF APPROACHES AND SERVICES IN ORDER TO GUARANTEE A "FREE APPROPRIATE PUBLIC EDUCATION". THE DESIGN OF THE DISCRETIONARY PROGRAMS PROVIDES THE FRAMEWORK NEEDED WHEN EXPLORING WAYS IN WHICH WE CAN MEET THE UNIQUE NEEDS OF EACH INDIVIDUAL CHILD.

OVER THE YEARS, THE ACTIVITIES AND PROJECTS FUNDED UNDER THE DISCRETIONARY PROGRAMS HAVE BEEN THE CATALYST FOR CHANGE. THEY HAVE BEEN INSTRUMENTAL IN FOSTERING NEW TEACHING METHODS AND CURRICULUM; PROMOTING THE DISSEMINATION OF INFORMATION; FACILITATING THE AVAILABILITY OF TRAINED PERSONNEL; GENERATING NEW PERSPECTIVES IN THE RESOLUTION OF PERSISTENT PROBLEMS; AND PROVIDING PARENTS WITH VITAL INFORMATION AND TRAINING.

TODAY, WE WILL HEAR FROM REPRESENTATIVES OF THE MAJOR DISABILITY ORGANIZATIONS. IT IS THEIR CONSTITUENTS WHOM THE DISCRETIONARY PROGRAMS ARE MEANT TO BENEFIT. THEY WILL PROVIDE INFORMATION ON HOW THE PROGRAMS ARE WORKING AND WHAT IMPACT THESE PROGRAMS HAVE HAD ON THE PROVISION OF A FREE APPROPRIATE PUBLIC EDUCATION TO CHILDREN WITH DISABILITIES. THE RECOMMENDATIONS SUBMITTED AT TODAY'S HEARING WILL BE SERIOUSLY CONSIDERED AS THE SUBCOMMITTEE DEVELOPS LEGISLATION DURING THE REAUTHORIZATION PROCESS.

Chairman OWENS. I yield to Mr. Bartlett for an opening statement.

Mr. BARTLETT. Thank you, Mr. Chairman. Mr. Chairman, I do welcome the opportunity as we begin this round of the reauthorization hearings, and I look forward to the reauthorization of the Discretionary Programs of the Education of the Handicapped Act.

As part of the reauthorization I think it is important, as we are doing today, to seek input from a broad range of organizations, organizations who represent people in the field, parents, professionals, teachers in the entire range of specialties, so that the amendments we develop will reflect the proper balance and priorities that will strengthen the Education of the Handicapped Act.

Priorities that I have focused on and identified today, based on input so far into the process, would include the following.

Number one, information generated through Discretionary Programs is in my opinion not as readily available or usable as it ought to be. We must develop more aggressive and viable packaging and dissemination of the information, so that that information will in fact be used in education settings.

Number two, there is in my opinion an insufficient number of special education and related service personnel to work with handicapped children, and current teachers are poorly equipped to address new and emerging responsibilities in the populations they are expected to serve. So in this subcommittee we need to develop strategies for targeting federal dollars to areas of need and for providing current teachers with appropriate support.

Number three, the current allocations of research and evaluation dollars support varied and often unrelated initiatives. In the case of evaluation, use of funds is severely restricted. Research and evaluation funds should be redirected to have a coherent focus so that both in practice and in policy they will improve the quality of special education.

As these three examples suggest, we have received substantial recommendations through the first hearing, comments submitted to the subcommittee, briefings by the department and seminars with experts.

This subcommittee—both the chairman, the members and our respective staffs—are taking this reauthorization quite seriously. We have received, on the other hand, few comments on the effectiveness of the transition in secondary services for handicapped youth and education of the handicapped.

I have a special interest in this part of the program, as I know the chairman does in others. From talking with my own constituents as well as people involved in the field throughout the country, I believe that the transition from school to work can be improved.

The need for better transition services is critical and if the transition program were properly focused it could make that happen.

Current statistics suggest that we are not doing well by adolescents with handicaps. The longitudinal study on the transition of handicapped students funded under EHA and the national assessment of vocational education funded under the Carl Perkins Vocational Education Act paint a rather dismal picture of what happens to handicapped students after school.

For example, in the longitudinal study a statistically negligible number of the nationally representative sample of students have had post secondary employment opportunities at all. Why?

In the national vocational education study an estimated 325,000 handicapped students participated in secondary vocational education. We don't know where they go when they finish. We simply don't have the data.

The transition and secondary program for handicapped youth was originally authorized in 1983. During its short history it has funded over three hundred projects which have had an impact on many young people, their parents and professionals.

Unfortunately, our knowledge of this impact is based on anecdotes, state initiatives through legislation and local efforts reported in general circulation publications.

We must do more to capture and share the best information on effective models of transition. Too many youth are at risk.

In Texas it has been estimated that 80 percent of handicapped youth exit the public school system and then sit at home. That estimate may be on the high side, but if the estimate is anywhere close to that, then that system is simply unacceptable.

I hope that those of you who offer testimony today will recommend ways to address the problem of transition from school to work.

Mr. Chairman, I thank you for the time and yield back the balance.

Chairman OWENS. Mr. Jontz?

Mr. JONTZ. Thank you, Mr. Chairman. I have no opening comments, but want to associate myself with your remarks and the remarks of Mr. Bartlett and welcome the witnesses this morning. Thank you.

Chairman OWENS. Our first panel consists of Mr. Steven Forness, Coalition of Special Education and Mental Health, UCLA Department of Psychiatry and Biobehavioral Sciences; Ms. Pamela Burns, the President of the New York State National Head Injury Foundation; Mr. Rod McDonald, the National Coalition of Deaf-Blindness; Ms. Donna Dickman and Mr. Gary Olsen, Co-Chairs, Council of Organizational Representatives; Mr. Scott Marshall, the American Foundation for the Blind; and Ms. Justine Maloney, Association for Children and Adults with Learning Disabilities.

We are going to be adding to our second panel Mr. William Carriker, Professor of Special Education, Curry School of Education.

We will begin with Mr. Steven Forness.

STATEMENT OF MR. STEVEN FORNESS, COALITION OF SPECIAL EDUCATION AND MENTAL HEALTH, U.C.L.A. DEPARTMENT OF PSYCHIATRY AND BIOBEHAVIORAL SCIENCES.

Mr. FORNESS. Thank you, Mr. Chairman. My name is Steven Forness and I represent the National Mental Health and Special Education Coalition. We would like to address our remarks particularly about the need for services for children with serious emotional disturbance this morning.

In representing the National Mental Health and Special Education Coalition I would like to note that we are composed of more than twenty organizations, at least half representing professionals in mental health and the other half split between school professionals and those representing parents or advocates.

These are very diverse groups and, Mr. Chairman, I have been a special educator for twenty years working as a hospital school principal and as a professor of child psychiatry at UCLA.

It is unprecedented in my experience that such diverse groups as our coalition represents have not only gotten together and stayed together for two years, but produced and agreed upon the document that we have submitted to you this morning, and which we would like introduced into the record.

This document is a testimony to how desperate we are in regard to the problems of children with serious——

Chairman OWENS. By document you mean your testimony?

Mr. FORNESS. Yes, sir.

Chairman OWENS. Yes, all of the testimony will be entered into the record.

Mr. FORNESS. Right. I would just like to highlight parts of it this morning, Mr. Chairman.

It is testimony to how desperate we are in regard to the problems with serious emotional disturbance in our public schools.

Our main concern is that children with serious emotional disturbance are vastly underserved. Only about half of a percent of school-age children are receiving special education in this category. Even conservative estimates suggest that this may be only one in five children who actually need it.

Let me repeat that, Mr. Chairman. Even conservative estimates suggest that, ten years after the passage of Public Law 94-142, we may be serving only one out of every five children with serious emotional and behavior problems who need our services in public schools.

There are three main reasons why these children are not served. The first is that we simply do not know enough about identifying and serving these children in our public schools.

Three of five of these children are in restrictive school settings. As a matter of fact, we are using out-of-school residential placements for these children half again as much as for any other children in the major categories of special education.

We are taking them out of their homes and even their communities rather than developing school-based programs for these children.

Two of five of the children we serve drop out of school before graduation. This is the highest dropout rate of all ten categories of special education. Something is obviously not working.

Schools also lack basic partnerships with other agencies such as mental health or child welfare, and especially with parents. We are not only overburdened but are made to feel much more stigmatized than parents of children in other categories. This prevents them from seeking our services.

The second reason, Mr. Chairman, is that, even if we could improve our services to these children, we do not have enough trained people to teach or care for these children in our public school classrooms. There is a shortage of teachers in this category and it is the worst of all ten categories of special education.

It is especially critical in recruiting minority teachers. Thirty percent of our SED teachers leave the job after three or four years because of the stress of teaching these children. Even if we could recruit and retain these teachers, more than any other category these teachers cannot do the job alone.

There is a shortage of other personnel, school psychologists, social workers and others, to assist these children and their families.

There is a third reason, Mr. Chairman, which we cannot address directly today, and that is the troublesome issue of the definition and terminology of serious emotional disturbance, but I would just like to note, as an indication of how important the other two reasons are in reference to Discretionary Programs, since we cannot change the definition and terminology of SED; however, that definition is the only category which has the restrictive modifier "seriously" in front of it.

No other category has the modifier of "severely." We don't serve just the severely mentally retarded or the seriously learning disabled. No other category has five different criteria for eligibility that seem so divorced from the reality of most peoples' experience with these children. No other category attempts to exclude children if they seem to have one of the primary symptoms of their own disability, and that is social maladjustment. This category excludes children who are socially maladjusted.

For example, I recently had an experience with a nine-year-old youngster who was socially maladjusted. He got into fights with his classmates, he was defiant of teachers, but he did not get referred to special education until he tried to jump out of a third-story window with the clear intent to kill himself.

Social maladjustment was a symptom of his underlying clinical depression, but the school continued to see him as socially maladjusted, however, almost until it was too late.

Changing this definition and terminology would have helped this youngster, but the fact that we are saddled with this definition means that the two other reasons I mentioned are much more urgent at this time, since we cannot change the definition.

The first two areas I mentioned, lack of knowledge for implementation of school programs and lack of personnel to run them, have led us to make these recommendations under Part C of the Act. These begin on page 28 of the testimony.

In Section 628 we would like to see grants with a priority on serious emotional disturbance, including studies on ways to improve the status of these services, demonstration projects for more effective in-school programs, development of ways to identify these children's problems before they become worse so they don't have to attempt suicide to prove to us that they need services.

In Section 631 we would like to see a priority on serious emotional disturbance and personnel preparation, both in regular and special education and in related services, so that we can prepare people to help these children in the public schools.

In Section 641 we would like to see a priority on research in this area in a number of areas critical to the education of serious emotional disturbance, so that we can disseminate the best practices and best research we have.

I would like to conclude, Mr. Chairman, with a plea on behalf of parents, and that would be a plea to also strengthen the national clearinghouses in this area.

It is tough enough to live day in and day out as a parent of a child with serious emotional disturbance. The parents of these children are also much more ostracized than are parents of children in other categories. Their networking with other parents is thus much more difficult and their knowledge of how to get services is thus much more limited. At least a start would be to strengthen the national clearinghouses.

We need to empower parents and get them involved before it is too late—too late for them and too late for us to help them with their children.

Thank you, Mr. Chairman. We appreciate this opportunity to testify.

[The prepared statement of Steven Forness follows:]

Statement Of

The National Mental Health and Special Education Coalition

To

House Subcommittee on Select Education

Regarding

The Reauthorization of the Education of the Handicapped Act

Presented By

Steven R. Forness
Professor and Inpatient School Principal
Neuropsychiatric Institute and Hospital
University of California -- Los Angeles

April 4, 1989

On Behalf Of:

American Academy of Child and Adolescent Psychiatry
American Association of Children's Residential Centers
American Psychiatric Association
American Psychological Association
The Council for Exceptional Children
Council for Children with Behavioral Disorders
Education Law Center
Mental Health Law Project
National Association of Private Schools for Exceptional Children
National Association of School Psychologists
National Association of Social Workers
National Association of State Directors of Special Education
National Association of State Mental Health Program Directors
State Mental Health Representatives for Children and Youth
(A Division of NASMHPD)
National Mental Health Association
Parents Involved Network of Pennsylvania
Parents Supporting Parents, (MHA of Montgomery County, Md)

Mr. Chairman and Members of the Subcommittee:

The National Mental Health and Special Education Coalition is pleased to have this opportunity to address the state of the provision of a free, appropriate public education as required under the Education of the Handicapped Act, to our nation's children and youth with serious emotional disturbances.

After two years of collaborative examination of the state of practice, we must report that students with serious emotional disturbances remain significantly unserved or underserved. While the reasons why the needs of this population of students is so neglected are numerous and complex, they can be best summarized as a failure of leadership at all levels to provide systemic, continued attention to their problem. It is our hope that these hearings on the reauthorization of the Education of the Handicapped Act will be an important first step in addressing this significant national problem.

In 1987, organizations representing parents, mental health and special education, who shared a common concern about the state of services to seriously emotionally disturbed children and youth, came together to see if they could reach agreement on the extent and nature of the problems and what might be done to solve them.

The diversity of organizations and individuals involved was representative of the complexity of the service systems, professionals and others involved in serving these children. While there were obviously disagreements of view, over time it became apparent that there was more agreement than disagreement and that our reaching agreement was critical to solving the problems. The organizations formed, and have continued to work together as, the National Mental Health and Special Education Coalition.

Later that year, the Coalition issued a Statement of Problems in Meeting the Needs of Children with Serious Emotional Disturbance through the Education of the Handicapped Act. The statement was endorsed by the following organizations:

American Association of Children's Residential Centers
American Association for Counseling and Development
American Academy of Child Psychiatry
American Psychiatric Association
American Psychological Association
American School Counselors Association
(Division of American Association for Counseling and Development)
Children's Defense Fund

Council for Children with Behavioral Disorders
(Division of Council for Exceptional Children)
Council for Exceptional Children
Education Law Center
Georgetown University, Child and Adolescent Service Systems
Program, Technical Assistance Center
Mental Health Law Project
National Association of School Psychologists
National Association of Social Workers
National Association of Private Schools for Exceptional Children
National Association of Protection and Advocacy Systems
National Association of State Mental Health Program Directors
State Mental Health Representatives for Children and Youth
(A Division of NASMHPD)
National Institute of Dyslexia
National Mental Health Association
Parents Involved Network, SE Pennsylvania Mental Health Association
Parents Supporting Parents, Mental Health
Association of Montgomery County, Maryland

The statement identified the following seven major problem areas:

- Parent Advocacy
- Identification and Assessment
- Delivery of Appropriate Services
- Ethnic and Culturally Diverse Children with Serious Emotional Disturbances
- Coordination of Multiple Agencies that Serve Children with Serious Emotional Disturbance
- Training
- Research

PARENT ADVOCACY

Problem: Many parents[1] do not have the knowledge or skills to effectively advocate for their children's educational needs. While P.L. 94-142 specifies parent involvement and consent in the planning of a child's special education program, parents of children with serious emotional disturbances often are not effectively involved. There is a serious lack of self-help or advocacy organizations directed at meeting the unique needs of parents of children with serious emotional disturbances.

Parents are often overwhelmed by the necessity of coping with both the needs of a child with serious emotional disturbances, and complex, highly bureaucratic service systems.

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[1] Parents in this context includes parents, legal guardians and surrogate parents.

Parents are often not well informed about their rights and what role they can play to help make the system work effectively for their child. There is not a strong parent advocacy and self-help movement for parents of children with serious emotional disturbances.

Parents are deeply concerned about the stigma, both for themselves and their child, associated with the term "seriously emotionally disturbed" or similar labels and are afraid to speak out because they do not want to be blamed for their child's emotional disturbance.

The attitudes of mental health providers and educators towards parents are often based on the erroneous belief that parents of children with serious emotional disturbances are "incompetent" and "dysfunctional."

Legitimate needs of the child and family are often viewed as symptoms of a "dysfunctional state". For example, requests for transportation and respite opportunities, which are often very legitimate needs, may be regarded as over-dependency.

Parents who advocate assertively for legitimate educational needs are often treated as troublesome.

Many parents hesitate to become involved because educational matters have traditionally been considered properly left to educational professionals.

Outreach efforts by schools and mental health agencies to involve and support families are limited.

Education and mental health systems are too often not sufficiently responsive to parent needs. Their policies and requirements can intimidate parents and frequently make excessive and unrealistic demands on them. Particularly a problem for parents is the number of meetings they must attend, and the fact that many parents work and cannot attend meetings during the working day.

Agency communications are often written in hard-to-understand language and contain acronyms not familiar to parents.

Families in rural areas encounter especially difficult barriers. Because of travel time and distances, these families may not be able to play an active role in their child's education and treatment.

Agencies place constraints on professionals, frequently preventing them from building partnerships with parents and advocating for the child's educational needs.

Parental frustration, which may be taken out on the teachers and mental health professionals, hinders useful communication between school systems and parents.

Parents do not know enough of the constraints and pressures on special education teachers and other professionals.

Because of confidentiality concerns, names and addresses of parents of children with serious emotional disturbances are not released to agencies which are interested in providing outreach to parents.

Parents are not given the opportunity to participate and provide the parents' point-of-view in pre-service and in-service training programs for education and mental health professionals.

In certain situations, parents must give up custody of their child in order for the child to receive services. This can occur if the child cannot be at home, requires a structured setting, and the school is not willing to pay for residential treatment. The child must be under the jurisdiction of the child welfare system for the costs of residential care to be covered.

IDENTIFICATION AND ASSESSMENT OF CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES UNDER P.L. 94-142

Problem: There is no consistent definition of, or eligibility criteria for, "seriously emotionally disturbed". For this and other reasons, many children with serious emotional disturbances are never identified and consequently do not receive services they require. Other children who were determined eligible in one jurisdiction find themselves ineligible in another jurisdiction.

No clear definition of eligibility by reason of serious emotional disturbance exists in federal policy; therefore, each state has had to operationalize its own definition, resulting in a tremendous disparity between states.

A lack of clarity in the mental health field regarding definitions and diagnoses as to who is seriously emotionally disturbed compounds the difficulty assessment personnel have in making appropriate assessments.

A lack of uniformity in identification procedures exists among states and localities

P.L. 94-142 explicitly excludes children who are "social maladjusted" (unless they are seriously emotionally disturbed), yet the distinctions between social maladjusted and severely emotionally disturbed are confusing and often meaningless. This confusion in labeling can result in some children not being identified and not receiving services.

Because of the modifier "serious", children who are identified and served as children with serious emotional disturbances tend to be "more" disturbed before they are identified as compared to other populations with handicaps. Those with mild or moderate disturbances may never be identified or may not be identified until their behavior becomes more extreme.

School personnel often have too little training in effectively dealing with individual social, cultural and gender differences and differences in normal developmental experiences. They, therefore, tend to misidentify some segments of the student population as seriously emotionally disturbed.

The lack of consideration of cultural, ethnic and gender differences results in an over-representation of black males identified as having serious emotional disturbances and an under-identification of females, who may not act out or be labeled as troublesome.

There is reluctance, because of the stigma, to label a child "seriously emotionally disturbed". As a result, children may not be identified, may be mis-labelled or parents may refuse local school district efforts to evaluate or serve their child.

Because of funding constraints, some states and localities set limits on the number of children with serious emotional disturbances they will identify.

Some children are not identified because few or no appropriate services may be available in their school and community.

Limited outreach efforts by schools and mental health systems to parents and professionals in the community to identify children with serious emotional disturbances results in lack of identification.

Children may not be identified because regular education teachers and administrators are not adequately trained to recognize or differentiate behaviors that warrant referral for assessment purposes.

Some children with serious emotional disturbance may have a primary diagnosis or label other than "severely emotionally disturbed", such as learning disabled or mentally retarded. As a result they are not identified as needing, nor do they receive, SED services.

Children with serious emotional disturbance who also abuse alcohol or drugs are often denied services because of their substance abuse, without an assessment to determine whether there is an underlying SED problem.

Parents, because of the perceived stigma connected with identification, may refuse local school district proposed evaluation.

School districts often do not pursue legal procedures available to them to evaluate a child when parents refuse to approve.

Parents often are not adequately involved in the assessment of their children.

Parental involvement would lead to development of an expanded social history, a key element in identification and assessment of children with serious emotional disturbances.

Medical evaluations, both psychiatric and neurological, are frequently not conducted. Yet these are vital in evaluating children with serious emotional disturbances. Severe and long-term mental disorders frequently have a biological basis.

There is an overreliance on pen and pencil psychological and educational testing.

School systems lack mental health services that could prevent situational stress and mild mental health problems from developing into serious emotional disturbances.

DELIVERY OF APPROPRIATE SERVICES

Problem: For those children identified by the school system as being seriously emotionally disturbed, the services provided are too often inadequate and/or inappropriate.

There is a lack of federal guidance and support in developing an effective means to implement and finance a true continuum of school, community and residential services for children with serious emotional disturbances.

P.L. 94-142 mandates that the educational system provide services to children with serious emotional disturbances; there is, however, no counterpart policy mandating that the mental health system provide services to this populations.

In most communities, there is a lack of a range of appropriate school and community-based service options for children with serious emotional disturbances, and a viable continuum of care does not exist. Children are not always served in the setting that best meets their needs. There is an over-reliance on residential care and a lack of day treatment services which would enable a child to remain in his/her community.

Confusion still remains around the provision of "related services." According to current Education of the Handicapped Act regulations, related services are "required to assist a child to benefit from special education." Interpretations of this phrase vary and its ambiguity results in states and local school districts failing to provide services to children with serious emotional disturbances.

In planning an Individual Education Program, the child usually has to fit with the services that are available, rather than an appropriate program being developed for the child.

The Education of Handicapped Children Act is focused on the educational needs of handicapped youth. As a result, IEP's sometimes tend to emphasize and instructional/academic approach and do not include behavioral/therapeutic approaches which address the psychosocial needs of the child.

Because of a lack of family support services -- especially in the areas of family counseling and therapy, day care/respite care, structured after school programs and recreation -- families often are unable to keep their child at home, resulting in placements that may be more restrictive than necessary.

In many school systems, school psychologists and school social workers are overwhelmed by evaluation responsibilities; consequently, they are not able to devote time to the provision of therapy or counseling services to meet the psychosocial needs of this population. This shortage of personnel extends to other fields: school nurses, guidance counsellors, social workers and other pupil services personnel.

Services to assist adolescents with serious emotional disturbances in coping with the transition to the adult world and adult systems are extremely limited.

There is a lack of a continuum of educational program options, particularly education programs within public schools, for children who are in hospital, residential and other out-of-home placements.

There is a lack of effective summer programs to assure appropriate educational and psychosocial progress for children with serious emotional disturbances.

ETHNIC AND CULTURALLY DIVERSE CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES

Problem: The provision of appropriate services to ethnic and culturally diverse children with serious emotional disturbances is complicated by important cultural, social, economic and historical differences as well as legal considerations. Patterns of under- and over-representation of some groups of ethnically diverse students in programs for children with serious emotional disturbances; inappropriate placements; services in conflict with the values and perceptions of particular cultural groups; low rates of parental involvement; and ethnic mismatches of children and service providers challenge our present delivery systems to provide improved services to these children and youth and their families.

Mis-identification of ethnic and culturally diverse children with serious emotional disturbances often occurs due to a lack of knowledge of their cultural background.

Frequently, ethnically and culturally diverse youth who exhibit symptoms of serious emotional disturbances are referred to the juvenile justice system.

Services to ethnic and culturally diverse children with serious emotional disturbances and their families are rarely culturally sensitive.

The service system is designed for the majority and is insensitive to appropriate and effective approaches and methods for other families.

Parents from ethnic and culturally diverse cultures are often not given the same respect as other parents.

Special culturally sensitive outreach efforts are generally not conducted for ethnically and culturally diverse families or with family members who may be at risk.

Materials and services are not often provided in the appropriate language or vernacular.

Communication barriers are particularly serious when ethnic and culturally diverse parents attempt to communicate with their child's school.

There is a lack of an appropriate advocacy system for children who are culturally and ethnically diverse.

There is an inadequate number of qualified special education and mental health professionals from ethnic and multi-cultural groups at the service delivery and leadership levels.

Insufficient effort is made to recruit ethnic and culturally diverse students to enter the mental health and special education fields.

Training for educators and mental health professionals is inadequate in terms of imparting knowledge and competencies to work with ethnic and culturally diverse children and their families.

Data collected by service delivery systems often are not collected by ethnicity, limiting our understanding of the nature and extent of existing and needed services for these populations.

There is an absence of research concerned with ethnic and culturally diverse children with serious emotional disturbances. A great deal more needs to be known, for example, about (1) how these children fare in the existing delivery system; (2) socio-cultural factors -- such as cultural identity, stress of assimilation -- related to behavior; (3) culturally appropriate intervention practices; and (4) distinguishing between deviant and culturally different behavior.

Ethnically and culturally diverse children who are identified as seriously emotionally disturbed are often given more pathological labels than symptoms and behavior warrant.

COORDINATION OF THE MULTIPLE AGENCIES THAT SERVE CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES

(With Particular Emphasis on Mental Health and Special Education Agencies)

Problem: Problems in adequately identifying and serving children with serious emotional disturbances result from the lack of coordination of the multiple agencies that have some responsibility for children with serious emotional disturbances and their families. A coordinated, interagency response is required to meet the complex needs of children who are severely emotionally disturbed, yet there are significant barriers to achieving appropriate coordination.

Through P.L. 94-142, school districts have a responsibility to provide a free and appropriate public education for students with handicaps. No similar legal responsibility exists for other agencies.

Mental health, health, social services, education, juvenile justice, recreation and vocational rehabilitation service systems all are involved with children with serious emotional disturbances, but in most states there is no clear delineation of the roles and responsibilities of these different agencies, and there are differences in interpretation and compliance with federal or state policies.

Conflicts between agencies exist because of diffuse lines of responsibility. Different systems often blame each other for not adequately assuming their share of meeting service needs.

Conflicting or vague policies around who pays, who serves and who is ultimately responsible for what happens to a child can result in children with serious emotional disturbances "falling through the cracks" of differing agency jurisdictions. Schools may avoid referring students with serious emotional disturbances for mental health services because of the danger of becoming liable for the cost of services.

Despite federal policy, there is a lack of state policies and fiscal and other incentives necessary to effectuate coordination between state agencies.

Agencies often fail to cooperate and coordinate in providing services to children with serious emotional disturbances because of "turf" issues and protection of agency funding.

Different agencies define the target population differently, according to their own criteria.

Different agencies have different eligibility requirements.

The need for confidentiality often prevents referral between agencies.

When coordinated processes do exist, agencies often fail to communicate that fact to parents and service providers.

The "ownership" of a case by one agency tends to impede coordination.

Narrow definitions of the roles of various mental health disciplines impedes integration of service capacities.

TRAINING

Problem: The lack of adequate training (including pre-service and in-service training) and support for educators, parents and mental health professionals is a pervasive problem in serving children with serious emotional disturbances.

There is a high rate of burnout among persons who live and work with children who have serious emotional disturbances.

There is a lack of interdisciplinary training and joint training of parents and professionals around identification, appropriate planning, treatment, instruction and available services.

There is a limited dissemination of information and technical assistance on effective programs, exemplary practice and successful approaches for working with children with serious emotional disturbances and their families, especially across the disciplines that deal with this population.

There is limited and inadequate information and training directed to parents to support and assist them in playing an active role in helping their child.

There is limited and inadequate information and training for professionals to assist them in providing comprehensive services for children with serious emotional disturbances.

There is insufficient supply of adequately trained personnel to work with children with severe emotional disturbances. In particular, there is an insufficient corps of adequately trained males in special education and mental health, especially from ethnically and culturally diverse populations, to work with and serve as role models for the increasing number of minority male youth with serious emotional disturbances in the system.

There is a lack of training and consultation for regular education personnel in early identification and in the development of appropriate interventions and coping strategies for inappropriate behaviors which interfere with education.

Pediatricians, clergymen and health practitioners are frequently not adequately trained in recognizing serious emotional disturbances nor are they provided with information on available resources for children with serious emotional disturbances.

There is a lack of public education on the needs of children with serious emotional disturbances.

Program administrators, both in special and regular education, are not as open to adopting new approaches as they could be, and need to be better educated about the needs of children with serious emotional disturbances and new approaches to serving such children.

Training of mental health professionals rarely offers a broad understanding of community based alternatives to institutional care for children with serious emotional disturbances.

Continuing education to maintain professional credentials is not mandated for all professionals working with children with serious emotional and behavioral handicaps.

There is an insufficient supply of adequately trained personnel to work with children with emotional and behavioral handicaps in rural areas.

RESEARCH

Problem: While there are methods for successfully serving children with serious emotional disturbances with a strong empirical base, this knowledge is not sufficiently disseminated and applied in the service community. Further, there is a serious lack of federally-supported and other research and demonstration initiatives specifically related to the population with serious emotional disturbances.

There are vast disparities in the data bases available on the different handicapping conditions. In particular, the data available on children with serious emotional disturbances--who these children are and how they are being served--are either poor or totally lacking.

Limited research has been conducted to evaluate diagnostic and assessment tools, programs, exemplary practice, teaching methods, curricula, outcomes, training and parent involvement. Many programs working with children who have serious emotional disturbances have been unable to evaluate their results, because they do not have the staff or the resources to support a research capability.

The agencies that fund such research have not sufficiently targeted children with serious emotional disturbances as a priority population. The research with this group, particularly longitudinal studies, is expensive and there are insufficient long-term commitments of funds to capable researchers.

There is a lack of research and knowledge of the types of services and interventions that have practical and not just laboratory application and of the settings needed for children with serious emotional disturbances.

There is a lack of awareness and guidance for schools on what is known about the services which should be provided to children with serious emotional disturbances and the teaching techniques that should be utilized.

There is a lack of applied research on the effects of actual programs and how to evaluate IEP goals and determine with parents when an intervention should or should not be continued.

STATEMENT ON THE CURRENT STATE OF PRACTICE

In order to assist the Congress and others to better understand the problems previously described, we have pulled together data and other information from a wide range of sources that document the current state of practice.[2]

I. Identification

It is generally agreed that children with serious emotional disturbance (SED) remain the most underserved population of students with handicaps (Knitzer, 1982; U.S. Department of Education, 1988; Smith, Wood, & Grimes, 1988; Robert Wood Johnson Foundation, 1988). In the 1986-87 school year, 384,680 children with serious emotional disturbance were reported by states as receiving a free appropriate public education (FAPE). While this represents a 36% increase in the number of SED students served over the past decade, the number served is only .57% of the total population of children and youth of comparable age (U.S. Department of Education, 1988), a percentage considerably below the most conservative estimates of the suspected incidence of such students (Silver, 1988).

A comprehensive review of epidemiologic studies has suggested that as many as 8 to 10% of children and youth may have persistent emotional disorders, even when conservative identification procedures are utilized (Brandenburg, Friedman & Silver, 1987). An even more conservative view is presented in the 1986 Office of Technology Assessment (OTA) report, Children's Mental Health: Problems and Services, which suggests that when severity of the disorder is considered, data indicate that 3% of school age children are "seriously mentally disturbed." While the OTA data focus specifically on the need for mental health services they provide a baseline for estimating the numbers of SED students who require special education and related services. Based on OTA's 3% incidence projection and the numbers served as reported by the U.S. Department of Education, it can be safely estimated that only about 19% of students with serious emotional disturbance are presently being served under P.L. 94-142.

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[2] The Coalition wishes to recognize the work of Dr. Lynne Cook in the coordination and writing of this section.

Studies on the underidentification of students with serious emotional disturbance have not yet verified consistent or systematic patterns to explain this phenomenon (Beare & Lunch, 1986; Center & Obringer, 1987). There is evidence to suggest that more careful attention needs to be given to the following mitigating factors:

State Variation in Interpretation of the Federal Definition of SED

The term "Seriously Emotionally Disturbed", for the purposes of the Education of the Handicapped Act (EHA), is defined in the code of federal regulations (300.5(b)(8)) as follows:

> (i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance.
>
> > (A) An inability to learn which cannot be explained by intellectual, sensory, or health factors;
> >
> > (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
> >
> > (C) Inappropriate types of behavior or feelings under normal circumstances;
> >
> > (D) A general pervasive mood of unhappiness or depression; or
> >
> > (E) A tendency to develop physical symptoms or fears associated with personal or school problems.
>
> (ii) The term includes children who are schizophrenic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.

In order for a student to qualify as SED under the Federal definition, he or she must have at least one of the above characteristics, but in addition must have the characteristic over a long period of time, to a serious degree and have it impact adversely on educational performance. Further, socially maladjusted children are excluded. Thus, each state is faced with establishing criteria for each of these nine definitional variables. The degree to which a state uses the criteria to constrain or open eligibility is a major factor in determining the numbers of students who will qualify under the criteria. Data from Iowa and California are illustrative examples.

During the past decade Iowa's number of students with serious emotional disturbances grew from 1,757 to 6,240, a 255% increase. At the same time, the number of SED students California served actually declined from 21,990 school-aged children to 10,180, a 54% decrease (U.S. Department of Education, 1988). During this period, Iowa moved to a more inclusive interpretation of the federal SED definition (Wood, Smith, & Grimes, 1985) while California's interpretation of the same law became more narrow

(Forness, 1985). Although these two states are presented for illustration, a close examination of data from other states show similar dramatic contrasts. Even when contiguous states are contrasted, such differences appear. The percentages of school-aged children with serious emotional disturbance, for example, in Connecticut, New York and Vermont are 1.58, 1.01, and 0.39 respectively (U.S. Department of Education, 1988).

A recent study by the Robert Wood Johnson Foundation (1988) found similar variations when they examined a sample of five school districts across the nation. The five districts reported the number of students with serious emotional disturbance served (as a percentage of the total special education population) ranged from 2% in Santa Clara, California to 15.7% in Milwaukee, Wisconsin. Many professionals in both special education and mental health consider the definition and the variance in state interpretation to be a major factor in the underidentification of students with serious emotional disturbances (Kauffman, 1989; Kokaska & Cook, 1983; Smith, Wood, & Grimes, 1988; Wood, 1987).

Several of the definitional criteria appear to be particularly problematic. The requirement that the serious emotional disturbance adversely affect educational performance, if applied only to a severe discrepancy in academic skills, may both delay the age in which students are found eligible and mitigate against serving students who have deficits in other educational areas such as interpersonal, social and employment skills. An emphasis on academic performance may account for the U. S. Department of Education's (1988) finding that a relatively small percentage of children with serious emotional disturbance are served in the preschool and primary grades with a significant increase occurring between ages 12 and 17 even though most problems were identified by age six (Silver, Friedman, Duchnowski, Ski & Kutash, 1989). A recent paper developed by the Maryland School Psychology Association (Albrecht, Flook, Salvagno, Simmons & Woodman, 1988) addresses this concern and cautions school psychologists who serve on assessment teams to avoid restrictive interpretations of the term "adverse educational impact." The MSPA paper states, "...school psychologists should consider the phrase 'educational performance to be one encompassing the various expectations present in the school setting...skills which go beyond pure academics..." (1988, p.8). These skills include participation in class activities, relationships with peers and adults and other interpersonal and social skills found in the state's goals for education.

Another problematic definitional criterion is the exclusion of children and youth who are socially maladjusted. Professionals find it difficult, if not impossible, to distinguish reliably between social maladjustment and serious emotional disturbance. In many cases the former is a primary symptom of the latter, e.g. agitation and aggression are frequently seen in young children with an underlying diagnosis of depression (Forness, 1988). Moreover, some professionals assert that the original intent of this definitional criterion was limited to the exclusion of children considered as the responsibility of the juvenile justice system (Cullinan & Epstein, 1986; Peterson, 1986). The exclusion of children from the SED category under the vague term of "social maladjustment" in EHA is seen as a principal reason for the confusion, excluding certain types of children who were clearly intended to be served. (Council for Children with

Behavioral Disorders, 1987, 1988). Strict definitional criteria regarding social maladjustment, applied by states, may also be a significant factor in depressing the identification of students with serious emotional disturbances (Cullinan & Epstein, 1986; Peterson, 1986; CCBD, 1987, 1988).

Perceived Stigma Associated with the Term Seriously Emotionally Disturbed

Professionals may resist identifying students or parents may refuse accepting such an identification because they perceive the label seriously emotionally disturbed as socially stigmatic (Wood, 1987; Kokaska & Cook, 1983; Kauffman, 1989; U.S. Congress, 1986). A congressionally ordered study (SRA, 1985) found that the general public views mental illness as the least acceptable of handicapping conditions. This study cites a 1984 report from the National Association of State Directors of Special Education (NASDSE) that suggests that students with serious emotional disturbance are not adequately served under EHA because parents shun the SED diagnosis in favor of other labels. The SRA study further reports that some parents prefer the 'learning disabled' label and augment the special education program with private psychological treatment.

Lack of Concordance Between Special Education and Mental Health Eligibility Criteria

Reviews of interdisciplinary research demonstrates that the criteria in the SED definition do not relate to types of disorders in the diagnostic nomenclature now used by most mental health professionals (Forness, Sinclair, & Russell, 1984). Thus, it is quite common for a child to be eligible for services in the mental health system yet denied needed services in the schools, or vice versa.

This also makes it difficult for professionals in the medical and mental health fields to work cooperatively in identifying, referring and serving children with emotional and behavioral problems to the schools for special education and related services or vice versa. For example, research suggests that psychiatric diagnoses, as determined by DSM III or DSM III-R (American Psychiatric Association, 1980; 1987) are rarely consistent with the criteria for SED diagnosis. While mental health practitioners using DSM III-R criteria may reach a diagnosis of some mental disorder for a student, the lack of examination of factors concerning educational functioning makes such diagnosis inadequate for SED determination (Barnes & Forness, 1982; Sinclair, Forness & Alexson, 1985)

Other Factors Influencing the Identification of Students with Serious Emotional Disturbances

School districts are resistant to identifying students with serious emotional disturbances if they do not have the services and other resources available to meet the student's needs. NASDSE (1984) reports that this is particularly problematic in rural areas and poor school districts.

There appears to be resistance to identify students as SED at the secondary school level. "Secondary-level principals are reluctant to see disruptive students classified SED, knowing that suspension or expulsion will no longer be disciplinary options once students are classified" (SRA, 1985).

Teachers are hesitant to make referrals for services for students who are compliant and able to be managed in the classroom even if they have serious emotional disturbances. As the SRA report (1985) notes, these children are often the ones most in need of assistance and are not identified until some dramatic event occurs.

II. State of Practice in Education

While dissatisfaction exists over the lack of clarity in criteria for identifying students with SED, it should nonetheless be pointed out that progress has been made over the past two decades in public school programming for those children and adolescents. A recent national survey by Grosenick, George and George, (1987) of 126 school districts with services for children and youth with SED provides interesting contrasts with earlier findings of a similar study by Morse, Cutler, and Fink (1964) and illustrates some of the progress made in special educational services for students with SED.

Grosenick and her colleagues found striking similarities in program philosophies over the two decades, with the primary exceptions being that the contemporary sample stresses behavioral theory and returning the student to the mainstream--emphases that were not present in 1964. The public school classrooms of 20 years ago were primarily self-contained and most frequently available at elementary and junior high school levels. In contrast, a greater variety of services are now available at more levels of education. While self-contained classrooms remain the most frequent placements -- consultation, resource rooms, and other less restrictive models are also used in the contemporary sample as are separate schools and more restrictive settings. Hence, the contemporary sample is using a broader range of the continuum than was the case 20 years ago (Grosenick, et al, 1987).

Contemporary teachers, like those of 20 years ago, are central figures in the development and implementation of programs for students with SED. In contrast with their predecessors, today's teachers of such students have broad interactions with general educators and collaborate with them in a number of ways. Entrance and exit procedures continue to involve a team of professionals and the parents. As was the case in 1964, exit procedures are less clear and more informal than procedures for program entry. Contemporary procedures, when compared to those of 20 years ago, put more emphasis on the roles of the special educator, regular education administrator, and parents in determining student eligibility for SED services or readiness for exiting a program.

Progress, according to Grosenick, et al (1987), during the last 20 years is evidenced in increased numbers of students served, a broader range of services available at more levels, increased emphasis on the philosophies of integration and on behavioral theory, and increased teacher centrality to entry and exit decision making. The authors note that the primary evaluation questions of 20 years ago are equally as significant today and suggest that, "It is time to move beyond examination of numerical increases and to confront the issues of quality [and] effectiveness." (Grosenick, et al, 1987, p. 168).

Some related data sources support and expand upon these findings. The use of the full continuum of placement options is illustrated by U.S. Department of Education (1988) data, summarized in Table 1. These data show that in 1985-86, the majority of students with SED received their special education in regular school buildings with nearly equal distribution in resource rooms and separate classes. This represents a shift away from the predominantly self contained classroom placements described by Morse, et. al. in 1964 and an increased emphasis on integration of students with SED. These findings are supported by recent data indicating that schools are maintaining very disturbed children in their programs, and these children have many similarities to their counterparts in residential placement (Friedman, Silver, Duchnowski, Kutash & Eisen, 1988).

Despite the progress in expanding the range of options used, data shown in Table 1, attached, demonstrate that a higher percentage of students with SED are educated in more highly restrictive settings than is the case for most other handicapping conditions.

Another indicator of program effectiveness, student success in the program, also raises concerns about program adequacy. As shown in Table 2, attached, those students who are identified as SED comprise the exceptionality with the lowest graduation rate (with a diploma or a certificate) and the highest dropout rate (U.S. Department of Education, 1988). This would suggest that the schools, in general, are not currently able to provide the range of educational interventions needed to effectively serve this population.

There are additional key questions concerning the adequacy of services. First, while there have been increases in the number of federally funded training and information projects directed towards parents of handicapped children, there is still inadequate involvement of parents in planning for the needs of their children with serious emotional disturbance (Fine, 1987; Friedman & Duchnowski, 1987). Second, although children are identified as SED because of emotional and/or behavioral problems, the presence of specialized interventions to address these problems is inconsistent at best. P.L. 94-142 states that schools are responsible for providing such related services "as may be required to assist a handicapped child to benefit from special education." There remains, however, significant confusion about the concept of necessary 'related services' and the responsibility for providing them, and as a consequence the provision of such services, particularly in the mental health sphere, is inadequate (Friedman & Duchnowski, 1987).

III. Service Systems and Coordination Issues

Need for Coordination

There is general agreement that students with SED often require multiple services that involve many different agencies: e.g., education, mental health, child welfare, juvenile justice, and health. The Joint Commission on the Mental Health of Children

(1969) and the President's Commission on Mental Health (1978) both recommended that an integrated network of services be developed in communities to meet the needs of children and youth who are severely emotionally disturbed. In its 1986 Annual Report to Congress, the U.S. Department of Education noted that, "The population of SED students presents an extremely complex array of human service needs. These needs so often go beyond the need for special education, and may include counseling, therapy, residential requirements, and social service needs. Unless services for this population are coordinated across agencies and with professionals, the effectiveness of each component is jeopardized." The report further described improving services to students with serious emotional disturbance as "a complex service delivery challenge" because of the variety of types of services required by these students and the large numbers of agencies and providers involved.

Numerous studies (Knitzer, 1982; 1988; Friedman & Street, 1985; Stroul & Friedman, 1986; U.S. Congress, 1986) report that there is little effective coordination or collaboration in planning, administering, financing and/or delivering services among major child serving agencies. This lack of coordination leads to a fragmented service delivery system with gaps in services and inadequate case management. Different agency policies and mandates impose inconsistent definitions, eligibility requirements, funding mechanisms and treatment modalities. The result is that children with emotional disturbance and their families do not receive the services they need.

Too often children are institutionalized when less restrictive community-based services would be more effective. Recent experience has confirmed that intensive community-based services provided to the child and family can minimize the need for residential treatment or hospitalization and that these restrictive treatment settings are overutilized (Behar, 1984; Friedman & Street, 1985; Knitzer, 1982; Stroul & Friedman, 1986; Stroul & Goldman, 1988; U. S. Congress, 1986; Weithorn, 1988).

Service Systems

A brief exploration of the major systems serving children with serious emotional disturbance, highlights the problems resulting from a lack of coordination and collaboration.

Estimates suggest that over a quarter of a million children are in out-of-home care under the auspices of the child welfare system, either placed in state custody by parental request or as a result of a court order (Knitzer, 1989). State custody occurs when a child is neglected or abused, when a parent seeks placement because of poor parent-child relationships, or sometimes by default, when more appropriate alternatives to help stressed families are not available (Knitzer, 1982). In most states, if a parent seeks child welfare funding for residential care for a child with serious emotional disturbance requiring such placement, child welfare agencies will often not assume financial responsibility without a transfer of custody (Fine & Friesen, 1988; Knitzer, 1982). Typically the child welfare system has placed children in foster care or group homes. Fortunately more home-based services, respite care and therapeutic foster or group homes are being developed through P.L. 96-272 funding and private sources such as the

Edna McConnell Clark Foundation and the Casey Foundation. Since many of these children have mental health and education problems, coordination between these two systems is essential.

The juvenile justice system is responsible for youth charged with status offenses or delinquent acts. Although there are no reliable national data on the numbers of children in the juvenile justice system (Knitzer, 1982), studies confirm that a high proportion of these youth have mental health problems and that they also present educational difficulties (Rutherford, Nelson, & Wolford, 1985). Services provided by the juvenile justice system usually include diagnostic evaluation, detention centers and special programs serving delinquent youth. Youth frequently move back and forth between the juvenile justice and mental health systems (U.S. Congress, 1986).

The mental health system is both a public and private system. However, both "systems", primarily because of reimbursement policies, typically provide outpatient services (a 50 minute treatment hour) or inpatient hospitalization, but not a range of services between these ends of the spectrum. Often, neither of these two service options is appropriate for youth with SED (Knitzer, 1982; U.S. Congress, 1986; Weithorn, 1988). Inpatient hospitalization, which is the most expensive form of treatment and often unduly restrictive, may be used only because it is the best of the available options. To access the private system, one must have medical insurance. If youth are in other systems such as child welfare, juvenile justice or special education there are really no mechanisms to insure that they get needed services. Thus, they are frequently "caught in the cracks" between jurisdictions. (Knitzer, 1982).

Through P.L. 94-142, the education system is required to pay for "related services," which include: "psychological services" and "medical and counseling services ... as may be required to assist a handicapped child to benefit from special education." This clause has become highly controversial. Interpretations of this phrase vary from state to state, and its ambiguity has had critical implications for the provision of counseling and therapy to children with emotional disabilities. The Supreme Court decision in Irving School District v. Tatro held that related services include all support services needed by a handicapped child during the school day if these services can be administered by someone other than a physician. To most mental health professionals this means a child can receive counseling and therapy services under EHA. But officials in communities report that few school systems are willing to provide extensive counseling.

When students with SED are under the jurisdiction of more than one agency it appears to have an adverse effect on their educational progress (NASDSE, 1984). This further suggests that service coordination problems impact upon program effectiveness.

Problems also arise within school systems attempting to provide coordinated services for students with SED. Many programs for students with SED are not able to adequately integrate educational and psychological services (Knoff, 1987). Often school psychologists, school counselors, and school social workers are used as gatekeepers to special education rather than deliverers of professional services. School systems have historically not adequately supported collaboration and mutual planning between school-based related services personnel and special educators (Lundquist, 1982). Knoff (1987) states that modeling such collaboration within the educational setting will increase the chances that school teams will better coordinate their services with other agencies serving students with SED and their families.

The health care system is often not considered as one of the major child serving systems for youth who are SED. But there is evidence to indicate that children with SED may have more health problems and medical needs than the general population (Eberly, Kutash, & Friedman, 1984; Stroul & Friedman, 1986). As Stroul and Friedman point out, "It is increasingly recognizable that physical health problems can contribute to, exacerbate or underlie emotional disturbance (Stroul & Friedman, 1986, p. 78). Consequently a closer working relationship with the health care system (including public and private providers and payers) is needed to ensure adequate services for children with SED. For example, the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program provides a vehicle to integrate health and mental health services for Medicaid eligible youth with SED. By law states are required to provide screening and diagnostic services to Medicaid-eligible children to identify "physical and mental defects" and to provide treatment to correct or improve any defects or conditions found. But the EPSDT benefit typically is not being used by states to serve children and adolescents with SED to the extent permitted by Federal law (Fox, 1987; Williams, 1988).

Efforts to Promote Collaboration

In response to studies and reports by professionals and parents of fragmented services and treatment programs, efforts are being made at federal, state, and local levels to promote integration of services. The Federal Child and Adolescent Service System Program (CASSP), for example, provides grants to states as well as technical assistance and training to improve coordination among service systems and the availability of a comprehensive system of care for severely emotionally disturbed children and adolescents. Reports from states receiving grants indicate improvements in states through interagency planning bodies, joint funding of programs as well as development and expansion of community-based service options. A formal evaluation of the first ten grantees is planned this year. According to the OTA report, CASSP "incorporates a number of elements of an ideal system that have long been discussed. By focusing on the organization of services, it advances the goals of placing children in appropriate settings and having providers make treatment decisions based on clinical needs" (U.S. Congress, 1986, p.141).

Although empirical evidence is sparse (Baenan, Stephens, & Glenwick, 1986), there are indications that comprehensive, school-based programs, usually called "day treatment" are effective in serving children who are SED. For example, day treatment programs that combine mental health, special education, and family services have been demonstrated to be effective in keeping many youngsters out of residential care (Friedman & Street, 1985). Exemplary models of such programs are operating in many states (Update, 1985; U. S. Congress, 1986).

Collaborations between the schools and mental health centers have brought about programs that are not only effective but cost efficient as well.The Ventura County Children's Mental Health Demonstration Project provides an example on a community level of the benefits of interagency collaboration in reducing costs and expanding program and service options for a target population of severely disturbed youth (Ventura County Mental Health, 1987).

Interagency collaboration is universally promoted, and its status has been reviewed by several groups (Elder & Magrab, 1980; Huntze, 1988; Street, 1985). Yet, despite the agreement that there is a critical need for interagency efforts, there seems to be a consensus that the obstacles to effective collaboration efforts can be "an insurmountable barrier for all but the most dedicated" (Friedman & Duchnowski; 1987, p. 15). It is important, therefore, that the types of efforts described above be expanded in order to overcome the multiple barriers that obstruct effective coordination.

IV. Personnel Shortages and Training Needs

Teacher Shortages

There is a critical national shortage of teachers certified to teach pupils with serious emotional disturbances or behavior disorders. Smith-Davis, Burke, & Noel (1984) surveyed 54 jurisdictions in the U. S. and found that for 1982-83, 33 jurisdictions reported shortages of personnel to educate emotionally disturbed and behaviorally disordered pupils. These and other findings led the investigators to identify mild to severe emotional disturbance as the single most vulnerable program area in special education in terms of manpower needs. Their findings are confirmed in a subsequent follow-up in 1985-86, where 40 jurisdictions reported shortages of teachers for SED and SED was again identified as the area of greatest for special educators (McLaughlin, Smith-Davis & Burke, 1986). The U. S. Department of Education's data reveal even higher shortage figures for this same period. These data show that 43 states reported teacher shortages in SED in 1982-83 (U.S. Department of Education, 1985) and 42 states reported shortages of teachers for SED in 1983-84 (U.S. Department of Education, 1986). Shortages in special education teachers have gradually been worsening in recent years, but the shortages in personnel for instruction of students with behavioral or emotional disorders have increased more rapidly than in other areas of special education as is shown in Table 3 where data from the three most recent volumes of the Annual Report to Congress are summarized. In fact, personnel for instruction of students with emotional disturbance or behavior disorders is the largest shortage area in special education nationally and is second only to bilingual education in all of education in the United States (Akin, 1988).

Endorsement waivers and emergency credentials.

Various studies have demonstrated that personnel shortage data often underestimate actual personnel needs (McLaughlin, Smith-Davis & Burke, 1986; Smith-Davis, Burke & Noel, 1984). Failure to account for retention and/or attrition rates and a host of other issues related to compliance with P.L. 94-142 (e.g., increasing class size or certain certification and waiver policies) may artificially reduce the apparent demand, inflate the apparent supply, or otherwise obscure the actual needs for qualified personnel (Smith-Davis, 1985).

The shortage of qualified teachers for students with SED is actually higher than indicated by any available data base because vacancies are often filled by unqualified personnel. In a recent study by Grosenick, et al (1987), 32% of the 126 school districts surveyed reported that some of their teachers hold emergency certification, and 6.6% reported that all of their SED teachers were less than fully certified. The true magnitude of the shortages in SED personnel, then, is not revealed in the "available position" data because large numbers of positions are filled with teachers who have little or no training in SED.

The high rate of attrition and the projected growth of the school age population suggest an impending shortage of direct service personnel. Citing 1988 data from the National Center for Education Statistics, the National Clearinghouse for Professions in Special Education notes: "During the coming decade, the total enrollment in the public schools is expected to increase by 9%, and 9% more teachers will be needed (whereas the total number of teachers increased by only 3% between 1977 and 1987)." (National Clearinghouse, 1988, p.1.). With the increase in general enrollments it can be assumed that the number of children with SED will increase as well, compounding the present shortage of special educators.

Personnel shortages are created, in part, by teacher burnout and attrition. Grosenick & Huntze (1980) found attrition rates among teachers of pupils with SED alarmingly high in their 1980 national study. Their report forecast, all too accurately, that in the coming years the demand for teachers of students with SED would outstrip the supply. Approximately 30% of teachers serving students with SED leave their positions after three to four years (Smith-Davis, Burke, & Noel, 1984). Compared with other areas in special education, "mild to severely emotionally disturbed is the single most vulnerable program area in special education where manpower is concerned" (Smith-Davis, Burke, & Noel, 1984, p. 52). This statement is confirmed in a 1988 study of attrition rates among educational personnel in Wisconsin. From 1986-87 to 1987-88, attrition was 5.8% among general educators, nearly twice as high at 11.6% for all categorical areas of special education, and 14.8% for teachers of students with behavioral or emotional disorders (Lauritzen, 1988).

Another factor which is related to increasing teacher shortages is the decline of academic degrees awarded to potential personnel. The National Clearinghouse for Professions in Special Education's (1988) analysis of annual data collected by the National Center for Education Statistics (NCES) showed that the numbers of bachelor's and master's degrees conferred in all areas of special education declined by an alarming 35% from 1980-81 to 1985-86, but the decline of degrees conferred in education of emotionally disturbed was even greater at 42% during the same period.

Related Services Personnel Shortages

The four categories of school staff that are most likely to provide in-school mental health services to students with SED are school social workers, diagnostic staff, school psychologists, and counselors. In annual reports to Congress, the U.S. Department of Education reports the numbers of positions, both filled and vacant, deemed necessary to serve the nation's handicapped children and youth. These figures are not direct indications of the shortages of related services personnel to serve students with SED because (1) the personnel figures reported by the U.S. Department of Education indicate the numbers of personnel needed to serve all handicapped children, not solely those with SED and (2) the retention, attrition, and various compliance related issues noted in the above discussion of teacher shortages artificially diminish shortage data in related services as well. Moreover, school districts appear to purposefully limit the provision of related services. As indicated in a recent study of the costs of special education (Moore, in press) only one-third of the school systems surveyed provide pychological counseling and consultation.

Given these qualifiers, the data for school-based personnel shortages in four related services areas during 1983-84, 1984-85 and 1985-86, shown in Table 4, attached, indicate a significant increase in personnel needed.

There is scant research providing data on the shortages of community-based mental health personnel. However, policy studies (e.g., U.S. Congress, 1986; Knitzer, 1987) and professionals working in various capacities in the mental health field -- federal and state agencies, local service providers and universities -- indicate severe shortages of trained mental health staff. According to Paul Wohlford, Ph.D. Chief of Psychology Education Programs at the National Institute of Mental Health (NIMH), there is a generally inadequate supply of mental health workers in the United States, but the under-supply is particularly acute for child and adolescent services (Wohlford, 1989). Dr. Wohlford asserts that universities report shortages of faculty to teach the next generation of mental health personnel. Vacancies exist for faculty positions in child clinical psychology at numerous major universities. State and local agencies report difficulties in recruiting and retraining qualified staff. Staff turnover is high because of noncompetitive salaries, stressful jobs and burnout. There have been numerous calls to conduct research to document the severity of these problems and gain a better understanding of the contributing factors.

V. Issues Pertaining to Ethnic and Culturally Diverse Children

There is considerable agreement that differential treatment is provided to minority children in various service systems or by various public agencies with responsibility to serve them (Cummins, 1986; Dana, 1984; Katz-Leavy, Lourie, & Kaufmann, 1987; Oritz & Maldonado-Colon, 1986; Stehno, 1982). A Black adolescent who is seriously emotionally disturbed (SED), for example, is more likely to end up in the juvenile justice system rather than in the mental health treatment setting to which his Caucasian counter part would be referred (Comer & Hill, 1985; Hawkins & Salisbury, 1983). Black children are more likely to be diagnosed seriously emotionally disturbed by schools than their Caucasian counterparts (Cross, et.al.,1989). A Native American child with SED is more likely to go without treatment or be removed legally and geographically from his family and tribe (Berlin, 1982; Shore, 1978), while an Asian SED child will likely never come to the attention of the mental health system (Chin, 1983).

These assertions are supported by the patterns of disproportionate and differential minority representation among school aged children identified as SED in the 1986 Office of Civil Rights data shown in Table 5, attached. These data show that American Indians and Hispanics are somewhat underrepresented; Asians are significantly underrepresented; and Blacks are clearly *over*represented in SED programs for students with serious emotional disturbance.

Differences in majority and minority culture are frequently offered as an explanation for disproportionate minority representation in SED. The fact that Blacks comprised 16% of public school enrollment, but represented 27% of all students in SED classes (see Table 5), according to Professor Bruce Hare, is understandable because the high physical and verbal activity of Black males is not understood or accepted by the population of elementary school teachers (the majority of whom are White females in the U.S.). The result is a high placement of Black males in classrooms for children with serious emotional disturbance. Similar culturally-based explanations can be offered to account for different placement rates among other minorities as well.

Insufficient attention has been paid to understanding the culture-specific characteristics of racial and ethnic minority group members as a means of clarifying needs and planning services in mental health and special education (Dawkins, Dawkins & Terry, 1979). Cultural traits, behaviors, and beliefs are likely to be interpreted as dysfunctions to be overcome (Cross, et. al., 1989). Lack of understanding of cultural differences can lead to potential misidentification and the differential placement rates described above. Additionally, many professionals and parents stress that cultural insensitivity leads to inappropriate treatment as well. McRoy, Sharkey and Garcia (1985), for instance, argues that for many there is a parallel system of care that is based on culture and community. Many professionals have unrealistic fears of their minority clients and stereotypical ideas of their lives (Chin, 1983).

There are a number of research, policy and training issues that affect service delivery for minorities.

Research Issues

One problem that contributes to the state of services for minority children is the lack of research. A wide variety of subject areas need attention, including: the frequency and character of emotional disturbances, etiology, evaluation of treatment approaches, influence of cultural bias in testing, and the impact of bi-cultural existence on mental health. There is a lack of clarity regarding how many minority children there are with emotional disorders and what kinds of services they receive. Not enough is currently known about the range of programs offered and their effectiveness (Knitzer, 1982). Current research too often fails to consider culture as a variable.

Policy Issues

Numerous policy issues affect service delivery to minority children who are emotionally handicapped.

The widespread, out-of-home placement for minority children in nonminority homes continues to be a problem. Despite the Indian Child Welfare Act, for example, Indian children continue to be placed in out-of-home care at high rates. Transracial placement has become a major mental health issue for minority children, in general, who suffer from difficulties with identity formation, inadequate coping skills and loss of support systems (Shore, 1978; Berlin, 1978).

Another policy area that remains a problem for Indian children is that of jurisdiction. Children with emotional disabilities often remain in limbo without treatment because the Indian Health Service (IHS), the Bureau of Indian Affairs (BIA), states, counties, and tribes cannot determine who is responsible for the cost of care (Cross, 1986).

Some states and counties are increasingly reliant on contracted services to provide mental health services to children with emotional disorders. Minority children have consistently been underrepresented in private agencies and hospitals whose services are designed to meet the needs of the dominant society (Barrera, 1978; Gallegos, 1982; Gary, 1987; Meinhardt & Vega, 1987). Little has been done in the area of contracting to assure that the private sector is equipped to effectively serve the minority child.

Training Issues and Minority Recruitment Issues

The training of mental health professionals to work with minority children and youth has been problematic in at least two ways. There is a shortage of trained minority persons to work in the field (Gallegos, 1982; Hopps, 1988 Korchin, 1980; Sanders, 1974) and the existing curricula for mental health providers inadequately addresses the needs of minority communities (Lum, 1986). The importance of training that addresses methods of providing services within a cultural context has been recognized by special education and school psychology and is a prominent, professional standard used in the accreditation of training programs in these fields. (National Council for Accreditation of Teacher Education, 1987)

Cross-cultural practice has not been institutionalized in most professional schools to the extent necessary (Green, 1982; Hopps, 1988; Kumabe, Nishida & Hepworth, 1985; LaFromboise & Plake, 1984; LaFromboise, 1988). Where progress has been made, content has focused on the development of cultural knowledge about specific groups rather than on understanding culture and its function in human behavior. The field lacks standards to guide education in this area and it lacks incentives for the development of cross-cultural skills. Although relevant professional standards exist in special education, minority recruitment of new personnel is especially problemat. (Baca & Chinn, 1982).

VI Parent Issues

Parent members of the Coalition were actively involved in the development of this section concerning the current state of practice and many of their concerns are represented throughout this document. Parents and families of children with serious emotional disturbance, however, face many unique challenges that cannot be documented by existing data. For this reason, parent members of the Coalition have prepared the following statement on parent issues.

Many parents of children with disabilities do not have the knowledge, skills, time and/or energy to effectively advocate for their children's educational needs. Parents whose children are labeled Seriously Emotionally Disturbed (SED) are no exception.

It is significant to note that these children are usually involved with one or more of the child serving systems. More often than not, regardless of whether they have the knowledge, skills, time and/or energy, many parents have to assume the role of case manager, learning by a trial and error process how to negotiate multiple service delivery systems/agencies including special education, mental health, juvenile justice and child welfare. Parents find they have to cope with uncoordinated service systems (one system doesn't know what the other system is doing), that their children are bounced from agency to agency and there is the ever present dilemma of "which system will provide and which system will pay". For example, PL 94-142 requires the development of an individualized eduction program (IEP) that specifies educational and related services for each child. However, because of the continuing lack of clarification as to what a related service is, and whether mental health services are considered a related service, many children labeled SED continue to go unserved, underserved or inappropriately served. These and other issues stated above, leave parents feeling overwhelmed, frustrated angry and emotionally drained.

Families with children with serious emotional disturbance may feel isolated from other families, even families with other special needs children. This isolation is based on several factors. Identification and eligibility for special services is sometimes unclear and imprecise. For those students who have been found eligible for services under the Education of the Handicapped Act, difficulties may continue. Facilities for children with serious emotional disturbance, including school programs, are often complicated to identify and to access. The IEP may arrange for the student to attend class in another building, in another school district or possibly in another state. Students' IEPs could call for service provision by several agencies, such as therapy from the mental health department or at a private facility. Additionally, unlike most other disability special interest areas, there is no nationally organized family support group. Representation in policy issues, public hearings or in local school districts becomes the personal responsibility of the immediate family/families. The frustration of accepting the situation "as is" or personally "taking on" the system is more than most people can handle.

In cases where the student requires hospitalization, educational services are provided privately or by another school district. Arrangements can again be complicated, not only in establishing educational services but also in transferring back to the home district. Attitudes towards families who place children in residential facilities can be critical. There seems to be a prevalent opinion that families who place their child in residential care have somehow deserted them. Support is often withdrawn just when it is most needed.

It is common knowledge that public schools are not well prepared to handle students whose behavior is either disruptive or otherwise outside the acceptable standards of their staff and student body. Additionally, many people are afraid of individuals labeled "emotionally disturbed" and this fear makes both teachers and classmates uncomfortable with the student labeled SED. The entire family is at risk of being ostracized.

It is in this climate that the family, school and mental health professionals are making decisions which may have a lifelong impact on the student and his entire family. Without advocates, support teams and readily available information, these decisions are difficult if not impossible to responsibly make.

Families may therefore be reluctant to have their child identified as seriously emotionally disturbed, since to do so is to accept inevitable rejection and confusion of service delivery. The emotional and time commitments which accompany this label need to be seriously considered. If the family, already under stress, is to take on the role of case manager, they must still be strong and able to put in the time away from other responsibilities that this role requires.

It is perhaps for this reason, that many children with serious emotional disturbance are either unserved or labeled something else. With the practice of primary handicapping condition indicating service delivery, students who are incapable of keeping up with the academic aspects of education may be labeled Learning Disabled, and then not receive any mental health services. Additionally, children with significant other handicapping conditions, both physical and/or cognitive, but with mental health needs, may receive no mental health services at all. Perhaps the crux of this problem lies in the indecision over whether or not mental health programs are legitimate related services. For the family trying to negotiate the special education system, the confusion and complexity can be a disincentive to finding the help their child needs.

Another important consideration is the noticeable absence of routine mental health screening. All children in the public school system regularly are screened for vision, hearing and current vaccinations. Obviously, the philosophy here is that a child with impaired hearing, poor vision or who is susceptible to common childhood illnesses will be at risk of educational difficulties. It is unclear why mental health is apparently not considered a potential detriment to learning sufficient to merit the development of a screening method. Once again, such screening becomes the responsibility of the family.

The whole area of related services can become part of the confusion for students with serious emotional disturbance. To what extent is counseling, psychological therapy and even hospitalization considered a related service? Are behavior programs related services? Can a student, eligible for special services but not labeled SED, access these services? This is an unclear area which adds to the family's confusion and service delivery complications.

For those children who are functioning on grade level, and who frequently have never been found eligible for special education, who are asked (either through suspension or other disciplinary systems) to stay home, home-bound instruction becomes yet another issue for families to negotiate. The concept of least restrictive environment is certainly an immediate area of concern and confusion. The stigma of being told to leave the school and the quality of instruction outside the school are major obstacles to educational success for a student already disabled by emotional disturbance.

While the debate continues over definition and scope of services for students with serious emotional disturbance, the unique aspects of their difficulties need to be considered. Unlike children with a wide variety of disabling conditions, these students are stigmatized by fear, confusion and interagency controversy over whose problem this is. Families of such children, rather than receiving the empathy of their friends and service providers are often considered part of the problem and part of the failure, as exemplified by eligibility screening and services which require the parents/caregivers to be examined along with the child.

RECOMMENDATIONS FOR CONGRESSIONAL ACTION RELATING TO THE REAUTHORIZATION OF THE DISCRETIONARY AUTHORITIES UNDER THE EDUCATION OF THE HANDICAPPED ACT

Addressing the problems we have identified will require significant policy activity at all levels of government across a wide variety of agencies. We recognize that these hearings today are not the only forum in which to address all federal policy issues. Thus we will limit our recommendations, at this time, to the significant role that the discretionary program authority under EHA can play in helping to improve the provision of special education and related services to students with serious emotional disturbances.

1. New Discretionary Program

There are presently no discretonary resources under EHA targeted or available to be targeted at assisting and encouraging the field to resolve the problems relating to serving children and youth with serious emotional disturbances. We believe the magnitude of the problems we have discussed earlier in this statement warrant the initiation of a new and discrete program in order to establish a systematic initiative which will significantly increase our knowledge base on how to better educate these children.

We therefore recommend that the Congress amend Part C to add the following new section:

"Services for Children with Serious Emotional Disturbance

Sec. 628 The Secretary is authorized to make grants to institutions of higher education, state educational agencies, local educational agencies, or other appropriate public and private nonprofit institutions or agencies to improve special education and related services to seriously emotionally disturbed children and youth, including:

(a)(1) Studies regarding the present state of special education and related services to such children and their families including the establishment and maintenance of data bases for assessing the status of such services over time.

(2) Projects to develop methodologies and curricula designed to improve special education and related services programming.

(3) Projects to develop and demonstrate strategies and approaches to reduce the use of out of community residential programs and the increased use of school district based programs (which may include, but are not limited to, day treatment programs, after-school and summer programs).

(4) Projects to develop the knowledge, skills and strategies for effective collaboration among special education, regular education, related services, and other professionals and agencies and demonstration projects in this regard.

(5) Projects to demonstrate innovative approaches to assist children with emotional and behavioral problems from developing serious emotional disturbances that require the provision of special education and related services.

(6) Knowledge synthesis and dissemination activities.

(b) In making grants under this section, the Secretary shall give priority to projects and activities which address in whole or in part the needs of ethnically and culturally diverse children and their families.

(c) There are authorized to appropriated to carry out Section 628 $15,000,000 for FY 1990, and such sums as may be necessary for FY 1991 and FY 1992.

Use of Residential Programs

The extensive use of out of community residential placements for children and youth with serious emotional disturbances suggests the need for a more careful examination of the reasons for such placement decisions and the degree to which such children and youth return to the community. It is important that such placements be used only when they are the most appropriate setting for a child, and that institutional placements not be used as a substitute for appropriate community services.

We therefore recommend an amendment to Section 618, as follows:

Amend Section 618(a) (Evaluation) to include the following special study:

> At least one study shall examine the extent of utilization of out of community residential programs for seriously emotionally disturbed children and youth, the factors that influence such placement decisions, the extent to which such children and youth transition back to educational programs in their communities and the factors which facilitate or impede such transition.

Priorities with Respect to Personnel Preparation

We recognize that there exists serious shortages of special education and related services personnel to serve all students with handicaps. These present and projected future shortages seriously undermine our nation's capability to appropriately serve these students. We support efforts in this reauthorization to address this problem. Because of the particularly severe shortage of personnel to work with students with serious emotional disturbances we recommend that Congress include in report language concerning Section 631 the following:

> In awarding grants under this section, the Secretary shall establish a priority for the preparation of special education and related services personnel to serve students with serious emotional disturbances.

Priorities with Respect to Research

Evidence suggests that there is a serious lack of ongoing programmatic research and demonstration activities designed to improve the knowledge of the field regarding the provision of special education and related services to children and youth with serious emotional disturbances. Reports suggest that this lack of knowledge is an impediment to the provision and improvement of such services. We therefore recommend that Congress include in report language concerning Section 641 the following:

> In awarding grants under this section, the Secretary shall establish a priority program of research and demonstration activities which in whole or in part focus on improving the provision of special education and related services to children and youth with serious emotional disturbances.

Parent Training and National Clearinghouse

We are concerned that parent training programs authorized under Section 631(c) and the various National Clearinghouses authorized under Section 633 are not adequately addressing the needs of students with serious emotional disturbances, their families or the professionals who serve them. Our concern is not directed at the persons and agencies that run these programs, for we understand the limited resources they have to work with. We also recognize that the problems in addressing the populations we are concerned about are often complex and require unique knowledge and activity. We urge the Congress to attend to the resource needs of these national efforts and within that context provide guidance to assure equitable and appropriate attention to issues pertaining to children and youth with serious emotional disturbance.

We appreciate that the Subcommittee has made the problems regarding provision of special education and related services to children and youth with serious emotional disturbance a focus of these hearings. We hope our testimony and recommendations will be helpful as you address this most important issue. The members of the Coalition extend their willingness to assist you in this regard.

[illegible] 4:02

REFERENCES

Akin, J.N. (1988). 1988 Teacher supply/demand report. Addison, IL: Association for School, College and University Staffing.

Albrecht, H., Flook, W., Salvagno, M. Simmons, J. & Woodman, S. (1988). Seriously emotionally disturbed: Guidelines for determining eligibility. Baltimore: Maryland School Psychologists Association.

American Psychiatric Association. (1980). Diagnostic and statistical manual of mental disorders (3rd ed.). Washington, D.C.: Author (Revised, 1987).

Baca, L. & Chinn, P. (1982). Coming to grips with cultural diversity. Exceptional Education Quarterly, 2 (4)

Baenan, R., Stephens, M., & Glenwick, D. (1986). Outcome in psychoeducational day school programs: A review, American Journal of Orthopsychiatry, 56, 263-271.

Barnes, T.R., & Forness, S.R. (1982). Learning characteristics of children and adolescents with various psychiatric diagnoses. Behavioral Disorders Monograph, 5, 31-41.

Barrera, M. (1978). Mexican-American mental health service utilization: A critical examination of some proposed variables. Community Mental Health Journal, 4 (1), 35-45.

Bazron, B. (1989). The minority severely emotionally disturbed child: Considerations for special education and mental health services. Washington, D.C.: CASSP Technical Assistance Center, Georgetown University.

Beare, P.O. & Lynch, E.C. (1986). Underidentification of preschool children at risk for behavioral disorders. Behavioral Disorders, 11, 177-183.

Berlin, I.N. (1982). Prevention of emotional problems among native american children: Overview of developmental issues. Journal of Preventive Psychiatry, 1(3), 330.

Brandenburg, N.A., Friedman, R.M., & Silver, S. (1987). The epidemiology of childhood psychiatric disorders: Recent prevalence findings and methodologic issues. Tampa: Florida Mental Health Institute.

Center, D.B. & Obringer, J. (1987). A search for variables affecting underidentification of behaviorally disordered students. Behavioral Disorders, 12, 169-174.

Chin, J.L. (1983). Diagnostic considerations in working with Asian-Americans. American Journal of Orthopsychiatry, 53 (1), 100-109.

Comer, J.P., & Hill, H. (1985). Social policy and the mental health of black children. Journal of the American Academy of Children Psychiatry, 24 (2), 175-181.

Cross, T. (et al) (1989). Towards a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed. Washington, D.C.: CASSP Technical Assistance Center, Georgetown University.

Cullinan, D. & Epstein, M.H. (1986). Legal decisions and appropriate education of seriously emotionally disturbed (SED) students. The Journal of Special Education, 20, 265-272.

Fine, G. & Friesen, B.J. (1988, December). Relinquishing custody as a means of obtaining services. Paper presented at Next Steps: A National Family Agenda for Children Who Have Emotional Disorders, Arlington, VA.

Forness, S.R., Sinclair, E., & Russell, D. (1984). Serving children with emotional or behavioral disorders: Implications for educational policy. American Journal or Orthopsychiatry, 54, 22-32.

Forness, S.R. (1985). Effects of public policy at the state level: California's impact on MR, LD, and ED categories. Remedial and Special Education, 6, 36-43.

Forness, S.R. (1988b). School characteristics of children and adolescents with depression. Monographs in Behavioral Disorders, 10, 177-203.

Fox, H.B. (1987). An explanation of medicaid and its role in financing treatment for severely emotionally disturbed children and adolescents. Washington, D.C.: Georgetown University, CASSP Technical Assistance Center.

Friedman, R. & Street, S. (1985). Admission and discharge criteria for children's mental health services: A review of issues and options. Journal of Clinical Child Psychology, 14, 229-235.

Friedman, R. M., & Duchnowski, A. J. (1987, Summer). Severely emotionally disturbed children and P.L. 94-142. Division of Child, Youth, and Family Services Newsletter, American Psychological Association, 10(3), 3 & 15.

Friedman, R., Silver, S., Duchnowski, A., Kutash, K., & Eisen, M. (1988). Characteristics of children with serious emotional disturbances identified by public systems as requiring services. Tampa: Florida Mental Health Institute.

Gallegos, J.S. (1982). Planning and administering services for minority groups. In J.J. Austin & W.E. Hershey, (Eds). Handbook on mental health administration: The middle manager's perspective. San Francisco: Jossey-Bass.

Gary, L.E. (1987). Attitudes of Black adults toward community mental health centers. Hospital and Community psychiatry, 38 (10), 1100-1105.

Green, J.W. (Ed) (1982). Cultural awareness in the human services, Englewood Cliffs, N.J.: Prentice Hall.

Grosenick, J. K., & Huntze, S.L. (1980). National needs analysis in behavioral disorders: Severe behavior disorders, Columbia, MO: University of Missouri - Columbia, Department of Special Education.

Grosenick, J., George, M.P., & George, N.L. (1987). A profile of school programs for the behaviorally disorderes: Twenty years after Morse, Cutler, and Fink. Behavioral Disorders, 12, 159-168.

Hawkins, J.D. & Salisbury, B.R. (1983). Delinquency prevention programs for minorities of color. Social Work Research and Abstracts, 19 (4), 5-12.

Hopps, J. (1988). Deja-vu or new view? Social Work, 33 (4), 291-92.

Huntze, S. (1988). Cooperative interface of schools and other child care systems for behaviorally disordered students. In M. Wang, M.C. Reynolds & Walberg (Eds.). Handbook of Special Education (Volume 2), (pp. 195-217). New York: Pergamon Press.

Joint Commission on the Mental Health of Children (1969). Crisis in child mental health. New York: Harper & Row.

Katz-Leavy, J., Lourie, I.S., & Kaufmann, R. (1987). Meeting the mental health needs of severely emotionally disturbed minority children and adolescents: A national perspective. Children Today, 16 (5), 10-14.

Kauffman, J. (1989). Characteristics of behavior disorders of children & youth (4th Edition). Columbus, OH: Charles Merrill.

Knitzer, J. (1987). Prepared statement before U.S. House of Representatives Select Committee on Children, Youth, and Families, Hearings on "Children's Mental Health: Promising Responses to Neglected Problems." U.S. Government Printing Office, Washington, D.C.

Knitzer, J. (1988). Policy perspectives on the problem. In J. G. Looney (Ed.). Chronic mental illness in children and adolescents. (pp. 53-71). Washington, D.C.: American Psychiatric Press.

Knoff, H. (1987). Organizational, operational, and instructional best practices in effectively serving behaviorally and emotionally handicapped students. Paper presented at 1987 South Carolina Department of Education Symposium on Educationally Handicapped Students. Columbia, South Carolina.

Kokaska, C., & Cook, L.H. (1983). Career development and behavior disorders: A review of definitions and concepts. In A. Fink, C. Kokaska, L. Cook, D. Eyde, &. Sitlington (Eds.), *Career development for behaviorally disordered individuals*, (pp. 10-25). Reston, VA: Council for Exceptional Children.

Korchin, S.J. (1980). Clinical psychology and minority problems. *American Psychologist*, *35* (3), 262-269.

Kumable, K.T., Nishida, C., & Hepworth, D.H. (Eds) (1985). Bridging ethnocultural diversities in social work and health. Honolulu: University of Hawaii School of Social Work.

LaFromboise, T.D. & Plake, B.S. (1984). A model for the systematic review of mental health research: American Indian family, a case in point. *White Cloud Journal*, *3* (3), 44-52.

LaFromboise, T.D. (1988). American Indian mental health policy. *American Psychologist*, *43* (5), 388-397.

Lauritzen, P. (1988). Federal CSPD Assessment Project manpower studies. Whitewater, WI: University of Wisconsin-Whitewater, Department of Special Education.

Lum, D. (1986). Social work practice and people of color: A Process-Stage Approach. Monterey, CA: Brooks/Cole Publishing.

Lundquist, G.W. (1982). Needs assessment in organizational development. In C.R. Reynolds & T.B. Gutkin (Eds.), *The handbook of school psychology*, (pp. 936-968). New Jork: John Wiley.

McLaughlin, M. J., Smith-Davis, J., & Burke, P.J. (1986). *Personnel to educate the handicapped in America: A status report*. College Park, MD: University of Maryland, Institute for the Study of Exceptional Children and Youth.

Morse, W.C., Cutler, R.L. & Fink, A.H. (1964). Public school classes for the emotionally handicapped: A research analysis. Washington, D.C.: Council for Exceptional Children.

McRoy, R.G., Shorkey, C.L. E. & Garcia, E. (1985). Alcohol use and abuse among Mexican Americans. In E. Freeman, (Ed). *Social Work Practice with Clients Who Have Alcohol Problems*. Springfield: Charles C. Thomas.

Meinhardt, K. & Vega, W. (1987). A method for estimating underutilization of mental health services by ethnic groups. *Hospital and Community Psychiatry*, *38* (11) 1186-1190.

Moore, M. (In press). Patterns in special education service delivery and cost. Washington, D.C.: Decision Resource Corp.

NASDSE/Forum (1984). Personal Communications.

National Council for Accreditation of Teacher Education (1987). NCATE approved guidelines. Washington, D.C.: Author.

National Clearninghouse for Professions in Special Education. (1988). Personnel Supply and Demand: A context for Special Education. Reston, VA: Council for Exceptional Children.

Ortiz, A.A., & Maldonado-Colon, E. (1986). Reducing inappropriate referrals of language minority students in special education. In A.C. Willig, & H.F. Greenburg, (Eds.), Bilingualism and Learning Disabilities: Policy and Practice for Teachers and Administrators, American Library.

Peterson, R. (1986). Inclusion of socially maladjusted children and youth in the legal definition of the behaviorally disordered population: A debate. Behavioral Disorders, 11, 213-222.

President's Commission on Mental Health (1978). Report of the sub-task panel on infants, children and adolescents. Washington, D.C.: U.S. Government Printing Office.

Robert Wood Johnson Foundation (1988). Serving handicapped children: A special report. Princeton, N.J.: Author.

Rutherford, R.B., Jr., Nelson, C.M., & Wolford, B.I. (1985). Special education in the most restrictive environment: Correctional/special education. Journal of Special Education, 19, 59-71.

Sanders, D.S. (1974). Educating social workers for the role of effective change agents in a multicultural, pluralistic society. Journal of Education for Social Work, 10 (8), 86-91.

Shore, J.H. (1978). Destruction of Indian families: Beyond the best interests of Indian children. White Cloud Journal, 12 (2), 13-16.

Silver, L.B. (1988). The scope of the problem in children and adolescents. In J.G. Looney (Ed.). Chronic mental illness in children and adolescents. (pp 39-52). Washington, D.C.: American Psychiatric Press.

Silver, S., Friedman, R., Duchnowski, A., Kutash, K. (1989). Findings from the national adolescent and child treatment study of seriously emotionally disturbed: implications for assessment and delivery of care. Tampa: Florida Mental Health Institute.

Sinclair, E., Forness, S.R., & Alexson, J. (1985). Psychiatric diagnosis: A study of its relationship to school needs. Journal of Special Education, 19, 333-344.

Smith, C.R., Wood, F.H. & Grimes, J. (1988). Issues in the education of behaviorally disordered students. In M.C. Wang, M.C. Reynolds, and H.J. Walberg (Eds), The handbook of special education: Research and Practice, (Vol. 2). Oxford, England: Pergamon Press, Ltd.

Smith-Davis, J., Burke, P.J., & Noel, M. (1984). Personnel to educate the handicapped in America: Supply and demand from a programmatic viewpoint. College Park, MD: Institute for the Study of Exceptional Children and Youth, Department of Special Education, University of Maryland.

Smith-Davis, J. (1985). Testimony before the House Select Subcommittee on Education and labor with respect to personnel preparation needs for the Education of the Handicapped.

SRA Technologies (1985). Special study on terminology. Washington, D.C.: U.S. Department of Education.

Stehno, S.M. (1982). Differential treatment of minority children in service systems. Social Work, 27 (1), 39-46.

Stroul, B. (1988). Series on community based services for children and adolescents who are serverely emotionally disturbed. Vol. I. Homebased services. Washington, D.C.: Georgetown University CASSP Technology Assistance Center.

Street, S. (1985). Collaboration between education and mental health in serving emotionally disturbed children: An annotated bibliography. Unpublished manuscript. Florida Mental Health Institute, Tampa, FL.
Stroul, B. A., & Friedman, R. M. (1986). A system of care for severely emotionally disturbed children and youth. Washington, D.C.: Georgetown University Child Development Center.

Taylor-Gibbs, J. (1988). Young Black males in jeopardy: Risk factors and intervention strategies. Issue Brief, No. 494. Washington, D.C.: National Policy Forum.

U.S. Department of Education (1988). Tenth annual report congress on the implementation of the education of the handicapped act. Washington, D.C.: Office of Special Education.

U.S. Department of Education (1987). Ninth annual report to congress Tenth annual report congress on the implementation of the education of the handicapped act. Washington, D.C.: Office of Special Education.

U.S. Department of Education (1986). Eighth annual report to congress Tenth annual report congress on the implementation of the education of the handicapped act. Washington, D.C.: Office of Special Education.

U.S. Department of Education (1985). Seventh annual report to congress on the implementation of the education of the handicapped act. Washington, D.C.: Office of Special Education.

U.S. Congress, Office of Technology Assessment (1986). Children's mental health: Problems and services--A background paper. U.S. Government Printing Office, Washington, D.C.

Ventura County Mental Health Services (1987). A report and commentary on the Ventura model for children's mental health services. Ventura, CA: Author.

Weithorn, L.A. (1988). Mental hospitalization of troublesome youth: An analysis of skyrocketing admission rates. Stanford Law Review, 40, 773-838.

Williams, S. (1988). Using medicaid to increase funding for home - and community-based mental health services for children and youth with severe emotional disturbances. Washington, D.C.: Georgetown University CASSP Technical Assistance Center.

Wood, F.H. (1987). Issues in the education of behaviorally disordered students. Monographs in Behavioral Disorders, 9, 15-26.

Wood, F.H., Smith, C.R. and Grimes, J. (Eds.) (1985). The Iowa assessment model in behavioral disorders: A training manual. Des Moines: Iowa Department of Public Instruction.

Table 1. Percent of Handicapped Children and Youth Served in Seven* Educational Enviornments by Handicapping Conditions During School Year 1985-1986

Handicapping Condition	Regular Class	Resource Room	Separate Class	Separate School Facility	Residential Facility	Correctional Facility	Homebound/ Environment
Learning Disabled	15.29	61.80	21.05	1.47	.09	0.23	0.09
Speech or Language Impaired	66.26	25.55	5.54	2.33	.20	0.04	0.19
Mentally Retarded	3.06	25.29	55.81	12.03	.41	0.27	0.41
Emotionally Disturbed	8.85	33.78	35.88	12.32	2.33	1.68	2.33
Hard of Hearing and Deaf	18.72	21.02	34.62	13.31	.59	0.12	0.59
Multihandicapped	4.06	15.25	43.23	28.58	3.52	0.33	3.58
Orthopedically Impaired	25.62	16.14	32.03	17.18	7.90	0.09	7.90
Other Health Impaired	25.88	18.79	25.77	7.80	17.74	0.19	17.74
Visually Handicapped	31.48	24.00	19.44	12.37	1.37	0.11	1.37
Deaf-Blind	6.55	17.68	23.30	15.10	1.36	0.04	1.36
All Conditions	26.26	41.39	24.49	5.43	1.34	0.31	0.79

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* Distinctions between public and private settings have been eliminated for "Separate School Facility" and "Residential Facility".

Table 2. Percent of Students With Handicaps 16-21 Years Old Graduating or Dropping Out from the Educational System in the U.S. and Insular Areas During the 1985-86 School Year

	Graduated With Diploma or Certificate	Dropped Out
Learning Disabled	62.31	25.63
Speech or Language Impaired	62.71	17.71
Mentally Retarded	62.68	24.00
Emotionally Disturbed	42.20	40.74
Hard of Hearing and Deaf	74.99	13.12
Multihandicapped	52.74	17.69
Orthopedically Impaired	72.46	14.51
Other Health Impaired	50.84	30.86
Visually Handicapped	71.76	12.43
Deaf Blind	56.35	7.18
All Conditions	59.82	26.29

Table 3. Teacher Shortages* in special education (all categories) and Seriously Emotionally Disturbed for School Years 1983-84, 1984-85, and 1985-86

	1983-84	1984-85	1985-86
Special Education (All Categories)			
Employed	264,894	274,519	291,954
Needed	17,103	22,852	27,474
Shortage	6.5%	7.7%	8.6%
Seriously Emotionally Disturbed			
Employed	28,225	32,027	32,774
Needed	2,798	4,322	4,701
Shortage	9.0%	11.9%	12.5%

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* Shortages express the reported needs as a percentage of the total number of teaching positions reported (i.e. the number of employed plus the number needed).

Table 4. Mental Health/Related Services Staff Shortages for School Years 1983-84, 1984-85, and 1985-86

	1983-84	1984-85	1985-86
School Social Workers			
Employed	7,586	8,027	7,833
Needed	758	397	542
Shortage	9.08%	4.7%	6.5%
Psychologists			
Employed	14,811	16,249	16,313
Needed	1,491	586	997
Shortage	9.14%	3.5%	5.8%
Counselors			
Employed	--	6,284	6,808
Needed	--	158	262
Shortage	--	2.5%	3.7%
Diagnosticians			
Employed	6,562	6,790	8,624
Needed	1,248	344	745
Shortage	16.0%	4.8%	7.95%

Table 5. Department of Education, Office for Civil Rights
1986 Elementary and Secondary School Civil Rights Survey
National Summary of Projected Data

	Am Ind	Asian	Hisp	Black	Minority	White	Total
Enrollment							
Number	355,796	1,157,921	4,063,775	6,621,964	12,199,456	28,956,580	41,156,036
Percent	0.9	2.8	9.9	16.1	29.6	70.4	100.0
Seriously Emotionally Disturbed							
Number	1,925	1,258	18,537	68,969	90,689	166,587	257,276
Percent	0.7	0.5	7.2	26.8	35.2	64.8	100.0

Chairman OWENS. Thank you, Mr. Forness. Mr. Rod McDonald.

STATEMENT OF MR. RODERICK McDONALD, NATIONAL COALITION OF DEAF-BLINDNESS

Mr. McDONALD. Mr. Chairman, my name is Roderick McDonald. I am president of the American Association of the Deaf-Blind, the only national consumer organization of deaf-blind individuals.

The AADB is a member of the National Coalition on Deaf-Blindness. My testimony today is on behalf of this coalition. The coalition has also submitted more detailed written testimony.

Since time is limited, I will address our six major points of concern regarding Section 622 of the Education of the Handicapped Act, Centers and Services for Deaf-Blind Children.

One, the Department of Education has proposed that deaf-blind programs and programs for the severely handicapped be merged, arguing that the two populations are similar.

We urge most urgently that this proposal be rejected for two essential reasons. First, deaf-blindness presents unique educational needs which, in turn, require specially trained staff. I would point out here that this legislation has historically noted that deaf-blind children cannot be adequately served in programs designed solely for deaf children or for blind children. It makes even less sense to assume that deaf-blind children can be served in programs for severely handicapped children where neither deafness nor blindness can be assumed to be understood.

Secondly, deaf-blind people represent a whole cross-section of humanity. There are deaf-blind children with every level of educational potential and it should not be assumed that they can be adequately served in programs for children with very low academic potential.

Programs for deaf-blind children need to exist in their own right because no other disability group has similar needs.

Mr. Chairman, I think it is appropriate for me to mention here that, as a deaf-blind person, I have been served in programs for deaf people, programs for blind people, even programs for mentally retarded people, as well as programs in the area of deaf-blindness. I think I know where the shoe fits.

I believe all of the programs I have been in were good programs for what they were designed for, but I can tell you there is absolutely no substitute for the program designed specifically to serve deaf-blind people.

For the past nineteen years I have been a computer systems analyst for the U.S. Department of Labor. I would certainly not be in this position today if I had remained in a program for the retarded.

Two, in recent years the Department of Education has not allowed direct services to most deaf-blind children with Section 622 funds, indicating to Congress that such services were no longer needed to be funded under this section. Instead, technical assistance activities have been prioritized.

The Coalition wishes to state that such direct services are still needed. There are over 5,000 deaf-blind children in this country who have been identified and who are in need of educational services.

The Coalition is requesting that this legislation contain language that explicitly states that these funds can be used for the provision of direct services to deaf-blind children and especially that direct services can be funded even if not specifically mandated by a student's individual education plan.

Three, in past years funding of model and demonstration projects under 622 has resulted in a large proportion of funds being spent on programs that have very little direct impact on the lives of deaf-blind people.

It is estimated that less than ten percent of the deaf-blind children in this country have ever received direct services from such programs.

While the Coalition recognizes the need for research and demonstration projects, we do not feel that such programs should be a primary funding priority at the national level. We therefore urge that this committee insure that at least 70 percent of Section 622 funding be directed to the single and multistate centers for deaf-blind children.

Historically these centers have a track record of insuring that funds have a direct impact on the lives of deaf-blind people.

Four, in 1986 the Department of Education requested that a clause be added to the legislation to the effect that funds for Section 622 could be used under 624; in other words, that funds for the category of deaf-blindness could be used for the category of severely handicapped.

This request was granted without the knowledge of or input from those in the field of deaf-blindness. The Coalition is requesting that this clause be eliminated from the current legislation to insure that Section 622 funds remain targeted on the deaf-blind population.

Five, in recent years many of the projects funded under this authority have been prioritized by the Department of Education so as to benefit only children served in least restrictive environments.

Both the Department of Education officials and those reviewing proposals typically take this to refer to children served in the mainstream. The Coalition objects to the extreme emphasis on least restrictive environment which has been imposed on the deaf-blind population in recent years. We believe that each child should be served in the environment which is most appropriate and enabling for him or her.

In the spirit of Public Law 94-142, we request that language be added to this legislation which specifies that all deaf-blind children are equally eligible for assistance under this act, regardless of the program placement in which they happen to be served.

Six, we are deeply concerned that bureaucratic priority setting has resulted in significant changes to the way in which the deaf-blind program has been administered, sometimes without clear Congressional intent and usually without input from consumers.

The Coalition requests that a national advisory committee of consumers and professionals be established for this program in order to insure that it stays on course in the future.

Mr. Chairman, as I stated at the outset of this testimony, my testimony only mentions the highlights of our concern. More detailed recommendations are available to you in writing.

Thank you for your interest and attention to the needs of deaf-blind people. If you have any questions, Mr. Michael Collins, co-chair of the Coalition, and I will be available to address any questions you may have.

Thank you.

[The prepared statement of Roderick McDonald follows:]

Statement
of
Roderick J. Macdonald, President
American Association of the Deaf-Blind, Inc.

Before the Subcommittee on Select Education
Committee on Education and Labor,

U.S. House of Representatives,
101st Congress, First Session,

April 4, 1989

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regarding

Reauthorization of the Education of the Handicapped Act
Sec. 622: Services for Deaf-Blind Children and Youth (P.L.98-199)

For further information contact:

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814 Thayer Avenue
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Mr. Chairman:

I am Roderick Macdonald, president of the American Association of the Deaf-Blind (AADB). AADB is the only national consumer organization of deaf-blind persons. Our mailing list consists of about two thousand people, approximately five hundred of whom are themselves deaf-blind. Our annual comventions afford an opportunity for deaf-blind persons, their families, and friends to meet and to discuss critical issues which affect us.

I wish to offer testimony today regarding section 622 of the Education of the Handicapped Act, Centers and Services for Deaf-Blind Children. Due to the time constraints of this hearing I will be brief, and therefore Mr. Michael Collins, Mr. Scott Marshall, and I have prepared more detailed written testimony, which we are submitting on behalf of the National Coalition on Deaf-Blindness. I will therefore address only the major points for which we are advocating.

- The Department of Education is proposing that the deaf-blind and severely handicapped programs be merged, arguing that the two populations are similar. This proposal must categorically be rejected. Deaf-blindness presents unique educational needs, and deaf-blind children should not be educated with an assumption that their needs are identical to those of a severely retarded child. Services for the deaf-blind need to exist in their own right.

- In recent years, the Department of Education has not allowed direct services to most deaf-blind children with section 622 funds, indicating to Congress that such services no longer need to be funded under this section. Instead, technical assistance activities have been prioritized. The Coalition wishes to state that such direct services are still needed. There are over 5,000 identified deaf-blind children in the nation who need educational programs and services. The Coalition is requesting that this legislation contain specific statements which direct that those funds can be used for the provision of direct services to deaf-blind children, and especially to fund direct services which are not mandated under a student's I.E.P.

- The funding of model-demonstration projects under section 622 in past years has resulted in very few deaf-blind persons having their lives directly effected by such projects. It is estimated that fewer than 10% of the deaf-blind children in the United States have received any kinds of service directly from such projects. While the Coalition wishes to recognize the need for research and demonstration projects, we do not feel that such projects should be the prevailing emphasis nationally. We are therefore requesting the Committee to assure that at least 70% of the funding under section 622 be directed to the single and multi-state centers for deaf-blind children. Historically, these centers have a record of assuring that funding reaches children and effects their lives.

- In the 1986 revisions of this act, the Department of Education requested and was granted a clause which stipulates that section 622 (deaf-blind) funds can be used to fund section 624 (severely handicapped) activities. This action was taken without the knowledge or input of the greater community of persons concerned with deaf-blindness. The Coalition is requesting that this clause be eliminated from the current revisions, so as to assure that deaf-blind services remain targeted upon the deaf-blind population.

- In recent years, many of the projects funded under this authority have been prioritized by the Department of Education so as to benefit only children served in "least restrictive environments'. Least restrictive environment is interpreted to mean children served in the mainstream, both by Department officials and many readers of proposals. The Coalition wishes to object to the extreme emphasis upon L R E which has been imposed upon the deaf-blind population in recent years. We believe that each child should be served in the environment which is most appropriate and most enabling for him or her, is the spirit of P. L. 94-142. The Coalition is requesting that language be added to his act which specifies that all deaf-blind children are equally eligible for assistance under this act, regardless of the program placement in which they happen to be served.

■ The Coalition is concerned that bureaucratic priority-setting has resulted in significant alterations in the way the deaf-blind program has been administered, sometimes without clear congressional intent, and usually without consumer input. The Coalition is requesting that a National Advisory Committee of consumers and professionals be established for this program, in order to assure that it stays on course in the future.

Mr. Chairman, as mentioned earlier, these are only the highlights of our concerns. Our detailed recommendations are available to you in writing. Thank you for your interest and attention to the needs of deaf-blind people. Michael Collins, co-chairman of the National Coalition, and I are prepared to address any questions which you might have.

Chairman OWENS. Thank you, Mr. McDonald. Ms. Donna Dickman.

STATEMENT OF MS. DONNA DICKMAN, COUNCIL OF ORGANIZATIONAL REPRESENTATIVES

Ms. DICKMAN. Thank you, Mr. Chairman. Mr. Chairman and committee members, my name is Donna McCord Dickman and I am the co-chair of the Council of Organizational Representatives, which is a coalition on public policy and other issues related to improving the quality of life for deaf and hard-of-hearing people.

I am the executive director for one of the eleven member organizations, representing over 100,000 persons in all fifty of the United States. Of this membership, more than two-thirds are deaf or hard-of-hearing people and the other third are primarily parents or professionals involved in education and service provision.

Mr. Chairman, on behalf of my fellow COR members I would like to express our sincere appreciation for the opportunity to present to you today a compilation of many of our mutual concerns and recommendations related to the Discretionary Programs.

Incidentally, I had the pleasure of hearing you remarks on March 7, when you indicated that it was your intention to change the title of the Education of the Handicapped Act to read "The Education of Persons with Disabilities Act."

Our COR membership commends this decision and appreciates your sensitivity to this particular issue.

It is our understanding that Discretionary Programs were created to support and improve the provision of educational and related services to children with disabilities. As the committee requested, we have provided recommendations for modifications or additions to the Act in the form of draft legislative language. This is provided as Attachment 2 to my testimony.

Quality early educational programs for hearing-impaired children are vital to both educational success and social adjustment. We would like to see several additions to Section 623 to provide the opportunity for improved coordination of early intervention programs and to enhance quality and consistency from one state to another.

We are supportive of greater involvement of organizations and schools serving target populations in the development and operation of demonstration and outreach preschool and early intervention programs.

Further, we feel that there is a need for federal guidelines to help states implement improved screening programs and follow-up procedures for newborn infants.

In addition, consideration should be given to establishing federal standards for professional training in early childhood education and case management, as well. Whenever possible, we would like to see provision for increased involvement of parents and disabled adult role models in early educational activities.

A network of knowledgeable state or regional coordinators might further enhance program consistency across the nation.

In Section 624, focused on programs for severely handicapped children, COR again encourages consumer input including efforts to increase the participation of qualified disabled personnel as role models.

In Section 625, addressing postsecondary education, COR supports the recommendation of the Commission on Education to increase the number of regional training centers for the deaf from four to five, with an appropriate increase in allocated resources.

Section 631 addresses grants for personnel training. We encourage a direct statement promoting efforts to increase the number of qualified disabled professionals as trainers, and we also would like to see an increase in the number of consumers who are qualified as trainers.

In addition, scholarships, stipends or allowances should be made available for development of special skills training. I have delineated several different areas where special skills training would be helpful for teachers.

We are particularly anxious to have Section 631 changed to reflect the opportunity for organizations serving one or more handicapping conditions to be eligible for grant programs to provide training for parents. This change would permit grants to specialize organizations or institutions who have a particular in-depth expertise in issues related to a single disability.

Section 641 covers the research and demonstration grants. COR recommends specific provisions for consultation with disabled individuals and with organizations of and for disabled people.

Also, when expert panels are convened, some of our COR membership feel that participation of disabled individuals and parents of disabled individuals should always be mandatory.

In Part F, covering instructional media for the handicapped, COR recommends expanding the identified organizational participation to allow for broader educational and enrichment experiences.

In Part H, Handicapped Infants and Toddlers, COR would appreciate an added specific goal of increasing community understanding and accessibility for disabled individuals.

Further, we urge increased federal guidelines to promote greater consistency in programs from one state to another.

Mr. Chairman, for parent, infant, preschool, elementary and secondary programs serving hearing-impaired children and youth, we recommend that the Council on Education of the Deaf, CED, policies and procedures represent minimal certification requirements.

For teachers in regular classroom settings every effort should be made to provide necessary training, support and technical assistance. These support services need to be responsive to the individual child's need and not subject to issues of availability.

The members of the Council of Organizational Representatives share a common goal, improving the quality of life for deaf and hard-of-hearing persons. Our evolving strength as a coalition is based on a commitment to respect differences and to focus on areas of common concern.

We mutually support the concepts of free and appropriate public education provided by qualified educations in all potential educational settings.

The hard-of-hearing and deaf children represented by our various organizations are not a homogeneous population. They are each individuals, with a wide variety of needs. A full array of quality educational options and placements must be available and parental preference should be a primary factor in the educational decisions related to these disabled children.

In order to make informed decisions, parents need to be advised of all of the options for potential placement.

Thank you very much for the opportunity to present the concerns and recommendations of the Council of Organizational Representatives to the Subcommittee on Select Education.

Thank you.

[The prepared statement of Donna Dickman follows:]

TESTIMONY

before the

Subcommittee on Select Education
Committee on Education and Labor
U.S. House of Representatives

on the

Reauthorization of the Discretionary Programs
under the
Education of the Handicapped Act

presented by

Donna McCord Dickman, Ph.D.
Co-Chairperson of the Council of Organizational
Representatives (COR)
and
Executive Director, Alexander Graham Bell Association
for the Deaf

and

Gary Olsen
Co-Chairperson of the Council of Organizational
Representatives (COR)
and
Executive Director, National Association for the Deaf

on behalf of

The Council of Organizational Representatives

April 4, 1989

MR. CHAIRMAN AND COMMITTEE MEMBERS

MY NAME IS DONNA MCCORD DICKMAN AND I AM THE CO-CHAIR OF THE COUNCIL OF ORGANIZATIONAL REPRESENTATIVES (COR) WHICH IS A COALITION ON PUBLIC POLICY AND OTHER ISSUES RELATED TO IMPROVING THE QUALITY OF LIFE FOR DEAF AND HARD OF HEARING PEOPLE.

I AM THE EXECUTIVE DIRECTOR FOR ONE OF THE 11 MEMBER ORGANIZATIONS REPRESENTING OVER 100,000 PERSONS IN ALL FIFTY OF THE UNITED STATES. OF THIS MEMBERSHIP, MORE THAN TWO-THIRDS ARE DEAF OR HARD OF HEARING PEOPLE, AND THE OTHER THIRD ARE PRIMARILY PARENTS OR PROFESSIONALS INVOLVED IN EDUCATION AND SERVICE PROVISION. MANY ARE REPRESENTATIVE OF TWO OR MORE OF THE ABOVE. FOR EXAMPLE, WE HAVE DEAF AND OR HARD OF HEARING PARENTS WHO ARE ALSO PROFESSIONAL EDUCATORS, PHYSICIANS OR RELATED SERVICE PROVIDERS AS WELL. A LIST OF OUR MEMBER ORGANIZATIONS IS ATTACHED TO MY TESTIMONY. (ATTACHMENT #1). COLLECTIVELY, WE REPRESENT THE NEEDS AND INTEREST OF A WIDE SPECTRUM OF APPROXIMATELY 20 MILLION HEARING-IMPAIRED PEOPLE (TWO MILLION DEAF PERSONS AND 18 MILLION HARD OF HEARING PERSONS).

MR. CHAIRMAN, ON BEHALF OF MY FELLOW COR MEMBERS, I WOULD LIKE TO EXPRESS OUR SINCERE APPRECIATION FOR THE OPPORTUNITY TO PRESENT TO YOU TODAY A COMPILATION OF MANY OF OUR MUTUAL CONCERNS AND RECOMMENDATIONS RELATED TO THE DISCRETIONARY PROGRAMS (PARTS C-G) UNDER THE EDUCATION OF THE HANDICAPPED ACT. I HAD THE

PLEASURE OF HEARING YOUR MARCH 7, 1989 OPENING STATEMENT IN WHICH YOU ADVISED THAT IT WAS YOUR INTENTION TO CHANGE THE TITLE OF THE EDUCATION OF THE HANDICAPPED ACT TO READ THE "EDUCATION OF PERSONS WITH DISABILITIES ACT". OUR COR MEMBERSHIP COMMENDS THIS DECISION AND APPRECIATES YOUR SENSITIVITY ON THIS ISSUE. I SHOULD NOTE THAT SOME OF OUR MEMBER ORGANIZATIONS MAY PROVIDE FOR THE RECORD ADDITIONAL WRITTEN RECOMMENDATIONS DELINEATING CONCERNS OR ISSUES UNIQUE TO THEIR INDIVIDUAL ORGANIZATION'S PARTICULAR GOALS, PROGRAMS, OR SERVICES.

IT IS OUR UNDERSTANDING THAT THESE DISCRETIONARY PROGRAMS WERE CREATED TO SUPPORT AND IMPROVE THE PROVISION OF EDUCATIONAL AND RELATED SERVICES TO CHILDREN WITH DISABILITIES. AS THE COMMITTEE REQUESTED, WE HAVE PROVIDED RECOMMENDATIONS FOR MODIFICATIONS OR ADDITIONS TO THE ACT IN THE FORM OF DRAFT LEGISLATIVE LANGUAGE. THIS IS PROVIDED AS ATTACHMENT #2. HOWEVER, IT MAY WELL BE THAT SOME OF OUR PLACEMENT DECISIONS MIGHT BE MORE EFFECTIVELY INCORPORATED INTO A SECTION OTHER THAN THE SECTION WE HAVE SELECTED.

IN SECTION 622 WHICH FOCUSES ON SERVICES FOR DEAF-BLIND CHILDREN AND YOUTH, WE RECOMMEND THAT THE OPPORTUNITY FOR TRANSITIONING PROGRAMS AND SERVICES BE AVAILABLE AS EARLY AS AGE EIGHTEEN RATHER THAN TWENTY-TWO AS CURRENTLY STATED. SOME STUDENTS MAY BENEFIT FROM TRANSITIONING AT AN EARLIER AGE. I BELIEVE THAT MR. RODERICK MACDONALD OF THE AMERICAN ASSOCIATION OF THE DEAF BLIND WILL BE ADDRESSING THE ISSUES RELEVANT TO THE

DISCRETIONARY PROGRAMS FOCUSED ON DEAF-BLIND CHILDREN AND YOUTH IN DETAIL.

QUALITY EARLY EDUCATION PROGRAMS FOR HEARING-IMPAIRED (HARD OF HEARING AND DEAF) CHILDREN ARE VITAL TO BOTH EDUCATIONAL SUCCESS AND SOCIAL ADJUSTMENT. WE WOULD LIKE TO SEE SEVERAL ADDITIONS TO SECTION 623 TO PROVIDE THE OPPORTUNITY FOR IMPROVED COORDINATION OF EARLY INTERVENTION PROGRAMS AND TO ENHANCE QUALITY AND CONSISTENCY FROM ONE STATE TO ANOTHER. SPECIFICALLY, WE ARE SUPPORTIVE OF GREATER INVOLVEMENT OF ORGANIZATIONS AND SCHOOLS SERVING TARGET POPULATIONS IN THE DEVELOPMENT AND OPERATION OF DEMONSTRATION AND OUTREACH PRESCHOOL AND EARLY INTERVENTION PROGRAMS. FURTHER, AS OBSERVED BY THE COMMISSION ON THE EDUCATION OF THE DEAF, THERE IS NEED FOR FEDERAL GUIDELINES TO HELP STATES IMPLEMENT IMPROVED SCREENING AND FOLLOW UP PROCEDURES FOR NEWBORN INFANTS. IN ADDITION, CONSIDERATION SHOULD BE GIVEN TO ESTABLISHING FEDERAL STANDARDS FOR PROFESSIONAL TRAINING IN EARLY CHILDHOOD EDUCATION AND CASE MANAGEMENT. ONE GOAL OF THESE STANDARDS SHOULD BE TO HELP ENSURE THAT PARENTS AND/OR GUARDIANS ARE PROVIDED A FULL, OBJECTIVE EXPLANATION OF EDUCATIONAL OPTIONS AND MODE OF COMMUNICATION OPTIONS SO THAT THEY MAY MAKE INFORMED DECISIONS.

FINALLY, WHENEVER POSSIBLE, WE WOULD LIKE TO SEE PROVISION FOR INCREASED INVOLVEMENT OF PARENTS AND DISABLED ADULT ROLE MODELS IN EARLY EDUCATION ACTIVITIES. A NETWORK OF KNOWLEDGEABLE STATE OR REGIONAL COORDINATORS MIGHT FURTHER ENHANCE PROGRAM

CONSISTENCY ACROSS THE NATION.

IN SECTION 624 FOCUSED ON PROGRAMS FOR SEVERELY HANDICAPPED CHILDREN, COR ENCOURAGES SEEKING CONSUMER INPUT AND INCLUDING EFFORTS TO INCREASE THE PARTICIPATION OF QUALIFIED DISABLED PERSONNEL AS ROLE MODELS.

IN SECTION 625, TITLED POST SECONDARY EDUCATION, COR SUPPORTS THE RECOMMENDATION OF THE COMMISSION ON THE EDUCATION OF THE DEAF TO INCREASE THE NUMBER OF REGIONAL TRAINING CENTERS FOR THE DEAF FROM FOUR TO FIVE WITH AN APPROPRIATE INCREASE IN ALLOCATED RESOURCES. IT SHOULD BE NOTED, HOWEVER, THAT MANY HARD OF HEARING AND DEAF STUDENTS ELECT TO ATTEND COLLEGES AND UNIVERSITIES WITH NORMAL HEARING STUDENTS. FOR EXAMPLE, MICHAEL JANGER WHO IS AN INTERN IN CHAIRMAN OWEN'S OFFICE IS PROFOUNDLY DEAF AND ATTENDS BROWN UNIVERSITY.

SECTION 631 ADDRESSES GRANTS FOR PERSONNEL TRAINING. MY COR COLLEAGUES AND I HAVE RECOMMENDED SEVERAL ADDITIONS FOR YOUR CONSIDERATION. WE ENCOURAGE A DIRECT STATEMENT PROMOTING EFFORTS TO INCREASE THE NUMBER OF QUALIFIED DISABLED PROFESSIONALS AND CONSUMERS AS TRAINERS. TO INCREASE PARTICIPATION OF QUALIFIED DISABLED PERSONS, SPECIAL SET ASIDE FUNDS FOR TRAINEE SCHOLARSHIPS SHOULD BE IDENTIFIED. IN ADDITION, SCHOLARSHIPS, STIPENDS OR ALLOWANCES SHOULD BE MADE AVAILABLE FOR DEVELOPMENT OF SPECIAL SKILLS TRAINING SUCH AS ORAL AND SIGN LANGUAGE INTERPRETING; SIGN LANGUAGE STUDY; LIPREADING, AUDITORY ORAL

AUDITORY/VERBAL TRAINING TECHNIQUES; SPEECH AND LANGUAGE DEVELOPMENT TECHNIQUES; CULTURAL IDENTITY AND SENSITIVITY PROGRAMS; AND OPPORTUNITIES TO MASTER STATE OF THE ART TECHNOLOGY RELATED TO HEARING AIDS ASSISTIVE LISTENING DEVICES AND AUDITORY TRAINING EQUIPMENT.

WE ARE PARTICULARLY ANXIOUS TO HAVE SECTION 631 (2) (B) CHANGED TO REFLECT THE OPPORTUNITY FOR ORGANIZATIONS SERVING ONE OR MORE HANDICAPPING CONDITIONS ELIGIBLE FOR GRANT PROGRAMS TO PROVIDE TRAINING FOR PARENTS. THIS CHANGE WOULD PERMIT GRANTS TO SPECIALIZED INSTITUTIONS WHO HAVE PARTICULAR IN DEPTH EXPERTISE IN ISSUES RELATED TO A SINGLE DISABILITY.

SECTION 641 COVERS THE RESEARCH AND DEMONSTRATION GRANTS. COR RECOMMENDS SPECIFIC PROVISION FOR CONSULTATION WITH DISABLED INDIVIDUALS AND FROM ORGANIZATIONS OF AND FOR DISABLED PEOPLE. WE ARE ALSO RECOMMENDING THAT REFERENCE BE MADE TO COORDINATION WITH THE NEW NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISORDERS UNDER (E).

WHEN CONVENING EXPERT PANELS TO EVALUATE PROPOSALS FOR PROJECTS UNDER PARTS C THROUGH G SOME OF OUR COR MEMBER ORGANIZATIONS FEEL THAT PARTICIPATION OF DISABLED INDIVIDUALS AND PARENTS OF DISABLED INDIVIDUALS SHOULD BE MANDATORY.

IN PART F COVERING INSTRUCTIONAL MEDIA FOR THE HANDICAPPED, COR RECOMMENDS EXPANDING THE IDENTIFIED ORGANIZATIONAL

PARTICIPATION TO ALLOW FOR BROADER EDUCATIONAL AND ENRICHMENT EXPERIENCES AS WELL AS GREATER OPPORTUNITY TO INCREASE PUBLIC UNDERSTANDING OF ISSUES RELATED TO HARD OF HEARING AND DEAF PERSONS.

IN PART H, HANDICAPPED INFANTS AND TODDLERS, COR WOULD APPRECIATE AN ADDED SPECIFIC GOAL OF INCREASING COMMUNITY UNDERSTANDING AND ACCESSIBILITY FOR DISABLED INDIVIDUALS. FURTHER, WE URGE INCREASED FEDERAL GUIDELINES TO PROMOTE GREATER CONSISTENCY IN PROGRAMS FROM ONE STATE TO ANOTHER. EARLY INTERVENTION SERVICE PROVIDERS MUST BE KNOWLEDGEABLE ABOUT SPECIFIC DISABILITIES AND SKILLED IN PRESENTING COMPLETE INFORMATION TO PARENTS IN A SENSITIVE, BUT OBJECTIVE, MANNER.

MR. CHAIRMAN, YOU HAVE PREVIOUSLY DESCRIBED THREE SPECIFIC GOALS FOR THE DISCRETIONARY PROGRAMS. ONE IS SUPPORTING AND IMPROVING THE DIRECT SERVICES PROVIDED UNDER EHA THROUGH STATE AND LOCAL EDUCATIONAL AGENCIES. FOR ELEMENTARY AND SECONDARY PROGRAMS SERVING HEARING-IMPAIRED CHILDREN AND YOUTH WE RECOMMEND THAT THE COUNCIL ON EDUCATION OF THE DEAF (CED) POLICIES AND PROCEDURES REPRESENT MINIMAL CERTIFICATION REQUIREMENTS. (SEE ATTACHMENT #3 WHICH DESCRIBES THE COUNCIL). FOR TEACHERS IN REGULAR CLASSROOM SETTINGS, EVERY EFFORT SHOULD BE MADE TO PROVIDE NECESSARY TRAINING, SUPPORT AND TECHNICAL ASSISTANCE. THESE SUPPORT SERVICES MUST BE RESPONSIVE TO A CHILD'S INDIVIDUAL NEED AND NOT SUBJECT TO AVAILABILITY.

MR. CHAIRMAN, THE MEMBERS OF THE COUNCIL OF ORGANIZATIONAL REPRESENTATIVES SHARE A COMMON GOAL - IMPROVING THE QUALITY OF LIFE FOR DEAF AND HARD OF HEARING PERSONS. NATURALLY, WE DO NOT AGREE ON EVERY RELATED ISSUE. HOWEVER, OUR EVOLVING STRENGTH AS A COALITION IS BASED ON A COMMITMENT TO RESPECT DIFFERENCES AND TO FOCUS ON AREAS OF A COMMON CONCERN. WITHIN THIS PERSPECTIVE, WE MUTUALLY SUPPORT THE CONCEPTS OF FREE AND APPROPRIATE PUBLIC EDUCATION PROVIDED BY QUALIFIED EDUCATORS IN ALL POTENTIAL EDUCATIONAL SETTINGS. THE HARD OF HEARING AND DEAF CHILDREN REPRESENTED BY OUR VARIOUS ORGANIZATIONS ARE NOT A HOMOGENEOUS POPULATION. THEY ARE EACH INDIVIDUALS WITH A WIDE VARIETY OF NEEDS. A FULL ARRAY OF QUALITY EDUCATIONAL OPTIONS AND PLACEMENTS MUST BE AVAILABLE AND PARENT PREFERENCE SHOULD BE THE PRIMARY FACTOR IN THE EDUCATIONAL DECISIONS RELATED TO THEIR DISABLED CHILDREN. IN ORDER TO MAKE INFORMED DECISIONS, PARENTS NEED TO BE ADVISED OF ALL OF THE OPTIONS FOR POTENTIAL PLACEMENT. PARENTS NEED TO KNOW ABOUT MAINSTREAM SETTINGS AND OPTIONS INCLUDING PROGRAMS NOT JUST WITHIN A GIVEN SCHOOL DISTRICT BUT ALSO THOSE THAT COULD BE MADE AVAILABLE OUTSIDE THE SCHOOL DISTRICTS. FOR EXAMPLE, CENTER BASED PROGRAMS IN NEIGHBORING SCHOOL DISTRICTS, AND RESIDENTIAL PROGRAMS BOTH IN AND OUT OF STATE.

THANK YOU VERY MUCH FOR THE OPPORTUNITY TO PRESENT THE CONCERNS AND RECOMMENDATIONS OF THE COUNCIL OF ORGANIZATIONAL REPRESENTATIVES TO THE SUBCOMMITTEE ON SELECT EDUCATION.

OUR MEMBER ORGANIZATIONS ARE PLEASED TO BE INVITED TO BE REPRESENTED TODAY.

NOTE: PLEASE REVIEW SPECIFIC REHABILITATION AND TRAINING RECOMMENDATIONS FROM ONE OF OUR MEMBER ORGANIZATIONS. THE AMERICAN DEAFNESS AND REHABILITATION ASSOCIATION SUBMITTED AS ATTACHMENT 4. UNFORTUNATELY, THESE RECOMMENDATIONS WERE RECEIVED TOO LATE TO BE INCORPORATED INTO THE TEXT.

ATTACHMENTS

ATTACHMENT #1:	COUNCIL OR ORGANIZATIONAL REPRESENTATIVES MEMBER ORGANIZATIONS
ATTACHMENT #2:	RECOMMENDATIONS FOR MODIFICATIONS OR ADDITIONS TO THE DISCRETIONARY PROGRAMS PRESENTED IN THE FORM OF DRAFT LEGISLATIVE LANGUAGE.
ATTACHMENT #3:	DESCRIPTION OF COUNCIL ON EDUCATION OF THE DEAF (CED)
ATTACHMENT #4:	RECOMMENDATIONS FROM ADARA

ATTACHMENT 1

COUNCIL OF ORGANIZATIONAL REPRESENTATIVES
MEMBERSHIP

Alexander Graham Bell Association for the Deaf

American Academy of Otolaryngology-Head and Neck Surgery, Inc.

American Deafness & Rehabilitation Association

American Society for Deaf Children

Convention of American Instructors of the Deaf

Conference of Educational Admin. Serving the Deaf

Deafness Research Foundation

National Association of the Deaf

National Fraternal Society of the Deaf

Self Help for Hard of Hearing People

Telecommunications for the Deaf, Inc.

ATTACHMENT 2

P. L. 94-142 DISCRETIONARY PROGRAMS

PARTS C-G

SPECIFIC RECOMMENDATIONS

ISSUES	CHANGES IN CURRENT LAW	RATIONALE
Responsibilities of Regional Training Centers	Sec. 621, Add (6) Regional centers should be free of conflicts of interest and objective in materials development and presentation of information related to educational and communication options for hard of hearing and deaf children. Regional Centers should also be able to provide up to date information on technology related to alerting systems, amplification and assistive listening devices.	Provide the parent all information about available options needed to make a decision regarding his/her child's individual educational future.
Age Limits for Deaf/Blind	Sec. 622 (a) (1) (B) change twenty-two to 18 yrs. of age.	Some students are ready for service before they reach 22 yrs. of age.
Same as above	622 (a) (3) (B) change 22 to 18	Same as above
	622(c) (1) add (D) and student outcomes	Evaluation is based only on program outcomes-NOT student outcomes.

ISSUES	**CHANGES IN CURRENT LAW**	**RATIONALE**
Coordination of early intervention programs in States.	Sec. 623(a) (2) add as an insert where applicaapplicable coordination involving knowledgeable state or regional organizations or schools serving specific constituencies should be initiated.	Will enhance quality uniformity from one state to another for early intervention programs & provide consistency to follow up education/activities.
	Sec. 623 add (5) the Secretory shall develop Federal guidelines to help states implement improved screening and follow up procedures.	COED Recommendation
Quality Education and Information	Changes in Current Law Sec. 623 add Federal standards for professional training in early childhood and for case management of 0-2 yr. old should be established. This standard should include emphasis on the primary role of parent preference in individual education decisions.	This will establish protection to ensure that families are provided consistent, objective information about educational option and have the opportunity for informed decision making.
Early Education for Handicapped Children	Sec. 623(a) (1) (1) after "speech" add and/or "communication mode" Add to end of (5) "including involvement of disabled adult role models at all levels of the programs. Sec. 623(a) (1) (2) Insert "provide family education and..." Sec. 623(a) (2) Whenever feasible, a knowledgeable state coordinator for each handicapping condition, will	

ISSUES	CHANGES IN CURRENT LAW	RATIONALE
	provide program support, information and consistence.	
Quality early Education	Sec. 623 add (6) The Secretary shall develop Federal Standards for professional training in early childhood for educators working with very young children. Note: Appropriate educational and certifying bodies should be involved. For example the Council on Education of the Deaf. (See attachment #3)	Increase the likelihood of quality programs in all states
Programs for Severely Handicapped Children	Sec. 624(a) (1) Including obtaining consumer input Sec. 624(a) (3) Training of personnel, "including affirmative efforts to increase the number of role-like disabled personnel"...	
	Sec. 624(a)-add (5) conduct an assessment of the qualification of personnel being utilized in State & Local education agencies to instruct and/or work with handicapped children & do a follow-up assessment of people trained with federal monies to serve handicapped children to determine their status.	

ISSUES	CHANGES IN CURRENT LAW	RATIONALE
Need for more Regional Training Centers	Sec. 625(a) (2) change 4 Regional Centers to 5 Regional Centers and increase appropriation accordingly.	This reflects the COED recommendations
Postsecondary Education	Sec. 625(a) (2) (B) Delete "with their non-handicapped peers"; insert "including participation in all aspects of the program" Sec. 625(a) (6) Change 2 million dollars (for 4 centers) to 2.5 million dollars (for 5 centers)	
Grants for Personal Training	Sec. 631(a) (1) Insert new "F" - Affirmative effort to increase the number of qualified disabled personnel and to involve disabled professionals and consumers as trainers when appropriate. Sec. 631(a) (3) Special set-aside funds shall be available for disabled trainee scholarships. Sec. 631(c) (2) (A) Add after professionals in the field of special education including qualified parents and disabled professionals. Sec. 631(c) (2) Add new "D"- and, when appropriate coordinate efforts with state supported schools and/other organizations serving disabled persons.	
Parents are not taking an active enough role in the decision-making process regarding the	Change Sec. 631 (2) (B) Change to: Serve the parents of children with one or more handicapping	Permits grants for specialized institutions (i.e. for deaf, blind, etc.)

ISSUES	CHANGES IN CURRENT LAW	RATIONALE
education of their disabled child. Parents need more training in understanding the nature and needs of their child's specific disability so they can approach educators with more knowledge and skill.	conditions under such grant programs.	Specialized institutions are good because: -They can bring more expertise to bear on a single disability. -They focus on that one disability in more depth than more generalized institutions. -It is better to allow generalized and specialized institutions, not just one. -This is particularly important for hard of hearing and deaf children who have unique service needs.
	Sec. 631(a) (1) (A) add after Speech-language pathology & audiology and deaf education.	Specialist Preparation Programs
Special Education and Professionals must have the opportunity for continually upgrading their skills	Sec. 631 add (F) Special Skills training such as oral and sign language interpreting; sign language training; teaching lipreading, speech and language training; cultural studies; and utilization of state of the art technology, such as hearing aids and auditory training equipment.	The more knowledgeable the instructor the greater a child's chances for a productive life.
Question of Intent	Sec. 641(a) (1) (3) (6) add "and adults".	Language as presented does not include adults. Unless youth includes up to age

ISSUES	CHANGES IN CURRENT LAW	RATIONALE
		22 as present language includes.
Research & Demonstration Projects	Sec. 641(b) Secretary Shall consider the special education, early intervention, "or personal disability" experience of the applicants. Sec. 641(e) Add "The Secretary shall also utilize expert input from organizations and coalitions of and for disabled people."	
Coordination Update	Sec. 641(c) Add the National Institute on Deafness and Other Communication Disorders	To make sure all appropriate research is considered
Panels of Experts	Sec. 643(a) (2) Delete "when appropriate" (make it mandatory)	
Broader representation	Sec. 652(c) Add or other appropriate non-profit serving the hard of hearing and deaf.	Many organizations can contribute to providing enrichment experiences and greater public understanding of issues related to hard of hearing and deaf persons.
	Sec. 652(c) Remove "theatrical experiences".	To allow for broader educational/enrichment opportunities.

ISSUES	CHANGES IN CURRENT LAW	RATIONALE
Focus on larger issue of awareness that could include "theatrical experiences".	Sec. 652(c) Add where "theatrical experiences" was "increased understanding of the experiences of hard of hearing and deaf persons".	To allow for broader educational enrichment opportunities.
Service narrow in scope.	Sec. 652(c) (3) Add after cultural, "educational and social".	Expanded outreach opportunities.
Handicapped Infants and Toddlers	Sec. 671(b) Add new (5) - "And to enhance community understanding and accessibility for disabled individuals".	

ATTACHMENT 3

WHAT IS THE COUNCIL?

The Council on Education of the Deaf consists of a twelve member board with equal representation from the three constituent organizations: the Alexander Graham Bell Association for the Deaf (AGBAD-1890), the Convention of American Instructors of the Deaf (CAID-1850), and the Conference of Educational Administrators Serving the Deaf (CEASD-1868). The Council was developed both as a means of providing a communication vehicle between and among the three organizations and as a way of encouraging the organizations to work cooperatively on ventures of mutually agreeable concern. The development culminated in October, 1960 with the adoption of a constitution and by laws. The Council applied for and received incorporation status in the District of Columbia in 1970. The articles of incorporation of the CED and its attendant bylaws give the Council a prerogative to engage in a wide variety of activities related to promoting the general welfare of deaf persons, with specific emphasis on educational matters. The central focus of the majority of activities carried out by the CED over its some 25 year history has been aimed at strengthening and unifying the stance of the three constituent organizations on major issues upon which they hold a common viewpoint. Additionally, the CED has stressed a service role which has focused on three major areas: (1) The development of certification standards for teachers of the deaf, the issuance of certificates to teachers who met certification standards, and an approval process for institutions of higher education engaged in training professional personnel to serve the hearing-impaired population. (2) Advocacy and support for legislation and other expressions of public policy on matters which were aimed toward the improvement of educational opportunity and general welfare of deaf persons. (3) Encouragement and sponsorship of international conferences related to education of the deaf.

In the recent past the CED additionally has issued a small number of policy statements which reflect consensus viewpoints from the constituent organizations on emerging issues impacting on education of deaf persons.

NATIONAL SCOPE

A LONG HISTORY OF SERVICE: VOLUNTARY & PEER MANAGED

INTEGRITY & RESPECT FROM EDUCATION COMMUNITY

PRIDE IN REPRESENTING EXCELLENCE IN THE EDUCATION OF DEAF STUDENTS

TRAINING OF PROFESSIONAL PERSONNEL

The most significant function of the CED, and unquestionably its greatest contribution has been work in the area of standards for training and certification of professional personnel. The CED Committee on Professional Preparation and Certification has built upon a program initiated by the CEASD in the 1930's. The work of this Committee and its staff has been of inestimable value to the profession and, at the same time, has provided the CED with credibility and strength to make contributions in other areas.

More than 8000 teachers of the hearing impaired have received certification through CED – each having met high level competency-based standards. These standards have been developed by professionals within the field. This voluntary peer-managed system is an internal means for ensuring quality control of educational service to our deaf youth. Approximately 60 colleges and universities are CED approved training centers by virtue of successfully completing a rigorous evaluation process.

The CED also administers certification programs for psychologists, supervisors of instruction and school/program administrators. Two levels of certification are offered: Provisional and Professional. To remain valid, all certificates must be renewed each five years. Renewal is based on documentation of continued participation in professional development activities.

COUNCIL ON EDUCATION OF THE DEAF

Alexander Graham Bell Association for the Deaf   Conference of Educational Administrators Serving the Deaf   Convention of American Instructors of the Deaf

8A

PLEASE SEND INFORMATION ABOUT

☐ Certification standards
☐ Approved college and university programs
☐ Program approval procedures

PLEASE SEND PROFESSIONAL/PROVISIONAL CERTIFICATION APPLICATION FORM(S) FOR

☐ Teacher
☐ Psychologist
☐ Supervisor
☐ Administrator

Name

Address

Position

Telephone Number

Previous Certificate held (if applicable)

RETURN THIS PORTION TO:

Council on Education of the Deaf
Committee on Professional Preparation and Certification
800 Florida Avenue, N.E.
Washington, D.C. 20002
(202) 651-5020

COUNCIL ON EDUCATION OF THE DEAF

Rochester Institute of Technology

National Technical Institute for the Deaf
One Lomb Memorial Drive
Post Office Box 9887
Rochester, New York 14623-0887

This material was produced through an agreement between Rochester Institute of Technology and the U.S. Department of Education

ATTACHMENT 4

ADARA RECOMMENDATIONS FOR TESTIMONY

Discretionary programs under the education for all handicapped children act - Tues, April 4, 1989

Assistive devices and technology:

Develop model programs for the use of assistive devices and technology in educational programs for deaf and hard of hearing students.

Interpreter services:

Provide funding for interpreter training programs; such funding is only currently available through the Rehabilitation Act of 1973 as amended. However, most interpreting occurs in educational, not rehabilitative settings; therefore this cost should be borne equally by rehabilitation and education. Provisions should be made for training both oral and manual interpreters.

Rehabilitation counseling services in transitioning deaf and hard of hearing youth:

Rehabilitation counselors are uniquely trained in vocational planning and service coordination related to employment preparation of people with disabilities. Rehabilitation counselors who specialize in working with deaf and hard of hearing people are currently being trained at the M.A. level in over seven institutions of higher learning nationwide.

We know that currently 52% of severely and profoundly deaf youth do not graduate from high school (Allen, Schildroth & Rawlings, 1989). The inclusion of rehabilitation counseling as a special education service for secondary-age deaf and hard of hearing youth would elevate transitioning planning to a major focus for these youth and reduce the chances that they would fall through the bureaucratic cracks and would ensure that mainstreamed deaf and hard of hearing youth are not "lost" in the transition process. We therefore make these recommendations;

1. Add "rehabilitation counseling" to the list of special education services in Section 602 of the Act.

2. Require that rehabilitation counseling as a special education service be charged with coordinating transitioning planning for all deaf and hard of hearing students age 18 and older.

3. Through EHA, fund traineeships for students in accredited Masters degree rehabilitation counselor education programs who agree to serve in public school settings with deaf and hard of hearing students after the completion of their degrees.(Note:

rehabilitation counselor education programs are accredited by the Council on Rehabilitation Counselor Education).

Hard of hearing students: Many hard of hearing students are not "eligible" for special education services and thus are deprived of the benefits of these sevices. We recommend that these students receive special education services as needed such as audiological services, speech pathology and rehabilitation counseling services for transitioning.

Chairman OWENS. Thank you, Ms. Dickman. Mr. Scott Marshall.

STATEMENT OF SCOTT MARSHALL, DIRECTOR, GOVERNMENTAL RELATIONS DEPARTMENT, THE AMERICAN FOUNDATION FOR THE BLIND

Mr. MARSHALL. Good morning, Mr. Chairman and members of the committee.

My name is Scott Marshall. I am the Director of Governmental Relations for the American Foundation for the Blind.

As you know, the American Foundation for the Blind is a national research and consulting organization in the field of blindness. We have submitted detailed recommendations to your staff relative to the reauthorization of the Discretionary Programs under EHA.

This morning I am simply going to highlight our rationale for some of these proposals. I would like to first wholeheartedly endorse the recommendations of the National Coalition on Deaf-Blindness and the remarks of Mr. McDonald, whom you heard this morning. The American Foundation for the Blind is a founding member of that coalition.

I would like to point out further that the recommendations that are being made are not an issue of money. We are not asking for additional authorized sums, but rather a redirection of existing resources so that the people intended to be served will actually benefit from deaf-blind services funds.

Also, as Mr. McDonald stated, the question of LRE should be a matter of choice. Unfortunately, the administration of 622 has somehow gone awry. The debate has been more about the environment in which education instruction is presented as opposed to what it should be about, which is the quality of services being provided.

I think we really need to talk about what the most appropriate placement really is.

In order to insure that blind and other disabled people do have the opportunity for the most appropriate placement, we are recommending in Section 631, Personnel Training, that the secretary's authority be strengthened to support training of personnel specifically qualified in the child's disability area.

Very often we have found that blind children are served by teachers who are qualified in another discipline, and that is really unfortunate.

Studies indicate, Mr. Chairman, that a blind child—and I am sure this is true for other disabilities as well—has two needs. One is, you know, the usual things—learning how to read, arithmetic, the academic subjects. A second need, and a very important one, is the disability-specific needs.

For a blind child that would be learning how to use a cane, learning Braille, and for the older child perhaps the use of adaptive or assistive technology. Studies also indicate that the need for that specialized instruction pretty much remains constant over the child's educational career.

We are also recommending under section 631 that language be included in the Act to allow for preservice and inservice training of regular educators.

We feel that there needs to be greater coordination between special ed and regular ed, that it is a team process and that we need to do whatever we can to promote that cooperation and coordination so that children can get the best services that they deserve.

We also have under the research and demonstration authority, Section 641, a similar amendment relative to the training of qualified personnel in the child's specific disability area.

Turning, please, to Section 652, Part G, Media and Captioned Films, we are recommending authorization of a newly developed service called Video Description Services.

Like captioning for the deaf, Video Description Services for blind and visually impaired people provides an audio narration of what is being presented on the television or cinema screen.

This does not require, in the case of television, a decoder. The audio channel is simply heard on a regular stereo television. This technology was tested nationally by WGBH in Boston, public television, about a year ago.

The know-how is there. We just simply would like to clarify the secretary's authority to fund descriptive video services so that we can be better assured of continuing appropriations in this area.

Finally, let me turn to Part H, Mr. Chairman. In Section 672 we recommend that functional vision indicators be included in the assessment process for blind and visually impaired children.

I asked our education experts at our New York headquarters what that all meant in English. They told me that frequently vision loss in small children is overlooked because right now under Part H a medical diagnosis is required, and frequently you can't diagnose vision loss medically in children of that age, that one has to look at things like response to visual tracking, response to visual stimulation while at play, these kinds of functional factors, to determine whether there is, in fact, a visual loss in an infant or small child.

We believe that we need to get these diagnostic techniques into the law so that we can get a referral for these children as early as possible during their most critical stage of visual development.

We have other recommendations, Mr. Chairman and members of the subcommittee, which have been presented to you in writing, and I would be pleased to take any questions, and I am sure that our New York staff also will be happy to furnish you with more detail as appropriate.

Thank you.

[The prepared statement of Scott Marshall follows:]

Testimony
of
The American Foundation for the Blind

by

Scott Marshall, Director
Governmental Relations Department

Before the Subcommittee on Select Education
Committee on Education and Labor
U.S. House of Representatives
101st Congress, first session
April 4, 1989

regarding
Reauthorization of the Education of the Handicapped Act

For further information contact:

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        National Consultant in Multi-Disabilities
            and Early Childhood, 212-620-2047

Good morning Mr. Chairman and members of the Subcommittee:

My name is Scott Marshall and I am the Director of the Governmental Relations Department of the American Foundation for the Blind. The American Foundation for the Blind (AFB), founded in 1921, is a national voluntary research and consulting organization in the field of blindness and visual impairment. AFB's New York headquarters and regional staff are dedicated to monitoring and developing "best practices" and sound public policies in a variety of disciplines including education and rehabilitation of blind and visually-impaired persons. In addition, the AFB publishes numerous books and pamphlets as well as the *Journal of Visual Impairment and Blindness*, an internationally recognized periodical in the field. The AFB also conducts and disseminates social research on blindness and visual impairment, and maintains one of the world's largest collection of literature on these subjects in it's M.C. Migel Memorial Library. The AFB also develops assistive technology for use by blind and visually-impaired people, and markets both high and low technology aids and appliances through its consumer products department.

We are pleased for this opportunity to present our recommendations for the reauthorization of the discretionary programs under the Education of the Handicapped Act (EHA). Attached to our written statement is a copy of our specific statutory language to implement our recommendations. These recommendations were originally furnished to the Subcommittee staff on February 15, 1989. I would like to briefly share with you the rationale for some of our major proposals.

Part C, Sec. 622: Services to Deaf-Blind Children and Youth

The Reagan FY1990 budget again this year assumed consolidation of programs for deaf-blind children and youth (EHA Sec. 622) and severely handicapped projects (EHA Sec. 624). Of the $19,486,000 assumed in the Reagan budget for Sections 622 and 624, $14,189,000 was actually appropriated for deaf-blind services in FY1989.

President Bush's budget proposal similarly assumes consolidation of these programs, and we understand that the Administration plans to submit legislation to authorize such consolidation. The effect of this change would eliminate the current categorical funding status accorded most services to deaf-blind children and youth authorized by Sec. 622.

We are also concerned about legislative changes made to Sec. 622 pursuant to P.L. 99-457 in 1986. The Secretary of Education was authorized to provide assistance for extended school year demonstration projects for severely handicapped children, including deaf-blind children. Implementing regulations governing this statutory change appeared in the Federal Register at 53 FR 46407 (filed Nov. 21, 1988).

Experience with the 1986 change to Sec. 622 indicates that some severely handicapped grantees, who principally do not serve deaf-blind children have had difficulty locating deaf-blind children to be served by such projects. Such grantees frequently were obliged to contact direct-service providers to deaf-blind persons in order to identify potential project participants. Accordingly, a significant portion of Sec. 622 funds, which Congress intended to be used for deaf-blind children and youth, are actually not being used principally for the intended beneficiaries of such funds.

Accordingly, the American Foundation for the Blind endorses the statutory changes recommended by the National Coalition on Deaf-Blindness. A more detailed discussion of the Coalition's recommendations is contained in the Coalition's statement which will be submitted for the record. In addition, you will hear today from Mr. Roderick Macdonald, President of the American Association of the Deaf-Blind. Mr. Macdonald's personal experience with respect to the effectiveness of several service delivery models, we think, is the most powerful reason why the Coalition's recommendations should be adopted.

Part D, Sec 631: Training Personnel for Education of the Handicapped

There is a serious shortage of teachers specifically qualified in the education of visually-handicapped children. In order to meet this critical need, we recommend that Sec. 631 should be amended to strengthen the Secretary's authority to support specialized training of personnel in the child's specific disability area, e.g., education of the visually handicapped. A similar amendment to Sec. 641: Research and Demonstration Projects in Education of Handicapped Children is also recommended. Unfortunately, blind or visually-impaired children are often currently served by teachers who are professionally qualified in another disability area. Such teachers, although well-meaning, lack specific knowledge in such areas as braille and other communications skills which are vital to an appropriate education of a blind or visually-impaired child. In addition, although the current language of Sec. 631 does contemplate support of training for regular educators, we feel that a serious problem exists with respect to the training of regular educators who sometimes fail to appreciate their vital role in the education of a blind or otherwise disabled child. Accordingly, we have recommended additional language in Section 631(b) authorizing the Secretary's support for preservice and inservice training designed to address this problem.

Part G, Sec. 652: Captioned Films and Education Media for Handicapped Persons

Video description service enables blind or visually-impaired persons to more fully benefit from television or cinema by providing an audio description of action and other information normally presented visually on a screen. Like captioning for deaf or hearing-impaired persons, video description is designed to provide the missing information which is necessary for full enjoyment and benefit from the television or film media. Accordingly, we have recommended an amendment to Section 652 similar to the current authorization for captioning services. Such an amendment will help to secure continual appropriations for video description service similar to the funding status of captioning for deaf persons.

Part H, Handicapped Infants and Toddlers, Sec. 672: Definitions

Young infants and children before the age of five cannot be appropriately tested for vision loss using standard visual acuity measuring techniques (such as an ordinary eye chart). Thus, unless functional vision indicators (such as observations of visual tracking, responses to visual stimulation while at play, etc.) are utilized, vision loss in infants and young children may be overlooked at the most critical time of a child's visual development.

Accordingly, we have recommended amendments to Sec. 672 to include functional vision indicators as part of the assessment for service eligibility under Part H of the EHA. In addition, other suggested amendments to Section 672 are recommended to make it clear that vision assessment and therapy and orientation and mobility are to be included as part of early intervention services and that such services must be provided by qualified personnel.

Thank you for this opportunity to present some of the major issues which we believe the Subcommittee should consider during the EHA reauthorization process. Please be assured that the AFB's expert programmatic staff will be ready to furnish you with any additional information you might require. I would be happy to answer any questions at this time.

American Foundation for the Blind, Governmental Relations Dept, Scott Marshall Director
1615 M St., N.W., Washignton, DC 20036, 202-457-1498

COMMENTS ON REAUTHORIZATION OF EHA

Current Law	Changes in Current Law [additions] {deletions}	Rationale
REAUTHORIZATION OF THE EDUCATION OF THE HANDICAPPED ACT		
Section 626(f) "The Secretary, as appropriate, shall coordinate programs described under Subsection (a) with projects developed under Section 311 of the Rehabilitation Act of 1973.	Section 626(f) "The Secretary, as appropriate, shall coordinate programs described under Subsection (a) with projects developed under Section 311 of the Rehabilitation Act of 1973. ["The Secretary shall fund one or more demonstration models designed to establish appropriate methods of providing, or continuing to provide, assistaive technology devices and services to secondary school students as they transition to vocational rehabilitatin, employment, post-secondary education, or adult services. Such demonstration models shall include, as appropriate (1) cooperative agreements with the Rehabilitation Services Administration and/or state vocational rehabilitation agencies which insure continuity of funding for assistive technology devices , and services to such students. (2) methods for dissemination of exemplary practices which can beadapted or adopted by transitional programs for handicapped secondary school students. Report language: The Committee is concerned that handicapped students often lose access to asitive technology devices and services when they transition from secondary school to the vocational rehabilitation or other service delivelry systems. To address this problem, the Secretary is authorized to fund one or more demonstration models designed to insure	The purpose of this proposed language is stated in the report language. In addition, it is assumed that Section 602(a) of the Act will be amended to include the definitions of "assistive technology device" and "assistive technology service" as contained in Section 3 of the Technology Related Assistance for Individuals With Disabilities Act.

Current Law	Changes in Current Law [additions] {deletions}	Rationale
	devices and services to such students. The Committee anticipates that one or more authorized demonstration models will explore such issues as (1) the types of assistive technology devices and services to be provided to transitioning students; (2) the cost of, and the primary payor for, assistive technology devices and services; (3) the duty to repair or maintain such assistive technology devices and services, and; (4) the respective responsibilities of the State education agency, the local education agency, and the State vocational rehabilitation agency relative to these and other matters.]	

Current Law	Changes in Current Law [additions] {deletions}	Rationale
Section 631(a)(1) "The Secretary may make grants, which may include scholarships with necessary stipends and allowances, to institutions of higher education (including the university-affiliated facilities program under the Rehabilitation Act of 1973 and the satellite network of the developmental disabilities program) and other appropriate nonprofit agencies to assist them in training personnel for careers in special education and early intervention, including-- (A) special education teaching, including speech language pathology and audiology, and adaptive physical education, (B) related services to handicapped children and youth in educational settings, (C) special education supervision and administration, (D) special education research, and (E) training of special education personnel and other personnel providing special services and pre-school and early intervention services for handicapped children.		
	[(F) programs for the training of teachers, related services personnel, and paraprofessionals to meet the unique academic and other needs of children with specific disabilities.]	There is a serious shortage of teachers and allied professionals specifically trained to meet the needs of a child with a particular disability. The added text will clarify the Secretary's authority to support programs which provide disability specific training, e.g., specialized training in education of the visually handicapped and orientation and mobility specialists.

Current Law	Changes in Current Law [additions] {deletions}	Rationale
Section 631(b) "The Secretary may make grants to institutions of higher education and other appropriate nonprofit agencies to conduct special projects to develop and demonstrate new approaches (including the application of new technology) for the preservice training purposes set forth in subsection (a), for regular educators, for the training of teachers to work in community and school settings with handicapped secondary school students, and for the inservice training of special education personnel, including classroom aides, related services personnel, and regular education personnel who serve handicapped children and personnel providing early intervention services.	Section 631(b) "The Secretary may make grants to institutions of higher education and other appropriate nonprofit agencies to conduct special projects to develop and demonstrate new approaches (including the application of new technology) for the preservice training purposes set forth in subsection (a), for regular educations, for the training of teachers to work in community and school settings with handicapped {secondary school} students , and for the inservice training of special education personnel, including classroom aides, related services personnel, and regular education personnel who serve handicapped children and personnel providing early intervention services. [Both preservice and inservice training shall include a component which addresses the coordination among all service providers.]	The purpose of the deletion {.....} is to make it clear that preservice training should be available for educators of ALL handicapped students and should not be limited to secondary school students. The added text [....] is intended to improve coordination between regular and special education by requiring training in coordination techniques among all service providers.

Current Law	Changes in Current Law [additions] {deletions}	Rationale
Research and Demonstration Projects in Education of Handicapped Children Sec. 641(a) "The Secretary may make grants to, or enter into contracts or cooperative agreements with, State and local educational agencies, institutions of higher education, and other public agencies and non profit private organizations for research and related activities to assist special education personnel, related services personnel, early intervention personnel, and other appropriate persons, including parents, in improving the special education and related services and early intervention services for handicapped infants, toddlers, children, and youth, and to conduct research, surveys, or demonstrations relating to the provision of services to handicapped infants, toddlers, children, and youth. Research and related activities shall be designed to increase knowledge and understanding of handicapping conditions, and teaching, learning, and education-related developmental practices and services for handicapped infants, toddlers, children and youth. Research and related activities assisted under this section shall include the following: (1) The development of new and improved techniques and devices for teaching handicapped infants, toddlers, children and youth. (2) The development of curricula which meet the unique educational and developmental needs of handicapped infants, toddlers, children and youth.		

Current Law	Changes in Current Law [additions] {deletions}	Rationale
(3) The application of new technologies and knowledge for the purpose of improving the instruction of handicapped infants, toddlers, children and youth. (4) The development of program models and exemplary practices in areas of special education and early intervention. (5) The dissemination of information on research and related activities conducted under this part to regional resource centers and interested individuals and organizations. (6) The development of instruments, including tests, inventories, and scales for measuring progress of handicapped infants, toddlers, children and youth across a number of developmental domains.		
	[(7) The expansion and development of programs for the training of teachers, related services personnel, and paraprofessionals to meet the unique academic and other needs of children with specific disabilities.]	The purpose of this addition is to address the shortage of personnel specifically trained in a child's disability area.

Current Law	Changes in Current Law [additions] {deletions}	Rationale
CAPTIONED FILMS AND EDUCATIONAL MEDIA FOR HANDICAPPED PERSONS	CAPTIONED FILMS[, DESCRIPTIVE VIDEO,] AND EDUCATIONAL MEDIA FOR HANDICAPPED PERSONS	
Sec. 652. (a) The Secretary shall establish a loan service of captioned films and educational media for the purpose of making such materials available, in accordance with regulations, in the United States for non profit purposes to handicapped persons, parents of handicapped persons, and other persons directly involved in activities for the advancement of the handicapped, including for the purpose of addressing problems of illiteracy among the handicapped.		
(b) The Secretary is authorized to-- (1) acquire films (or rights thereto) and other educational media by purchase, lease, or gift; (2) acquire by lease or purchase equipment necessary to the administration of this part;		
(3) provide, by grant or contract, for the captioning of films;	(3) provide, by grant or contract, for the captioning [for the hearing-impaired or video description for the visually-impaired] of films [and video materials].	The addition of this language will clarify the Secretary's authority to support Descriptive Video Service which, like closed captioning for the hearing-impaired, provides to blind and visually impaired persons the missing information necessary for full enjoyment of television and cinema.
(4) provide, by grant or contract, for the distribution of captioned films and other educational media and equipment through State schools for the handicapped, public libraries, and such other agencies as the Secretary may deem appropriate to serve as local or regional centers for such distribution;	(4) provide, by grant or contract, for the distribution of captioned [or video described] films[, video materials] and other educational media and equipment through State schools for the handicapped, public libraries, and such other agencies [or entities] as the Secretary may deem appropriate to serve as local or regional centers for such distribution.	
(5) provide, by grant or contract, for the conduct of research in the use of educational and training films and other educational media for the handicapped, for the		

Current Law	Changes in Current Law [additions] {deletions}	Rationale
production and distribution of educational and training films and other educational media for the handicapped and the training of persons in the use of such films and media, including the payment to those persons of such stipends (including allowances for travel and other expenses of such persons and their dependents) as he may determine, which shall be consistent with prevailing practices under comparable federally supported programs; (6) utilize the facilities and services of other governmental agencies; and (7) accept gifts, contributions, and voluntary and uncompensated services of individuals and organization; and (8) provide by grant or contract for educational media and materials for the deaf.		
Sec. 653 For the purposes of carrying out this part, there are authorized to be appropriated $15,000,000 for fiscal year 1987, $15,750,000 for fiscal year 1988, and $16,540,000 for fiscal year 1989.	Sec. 653 For the purposes of carrying out this part, there are authorized to be appropriated $17,840,000 for fiscal year 1990, $18,040,000 for fiscal year 1991, and $18,540,000 for fiscal year 1992.	Baseline is 1989 funding figures. These figures represent growth of the Descriptive Video Service but do not reflect inflation or growth in other program activities.

Current Law	Changes in Current Law [additions] {deletions}	Rationale
Sec. 672 (1) The term "handicapped infants and toddlers" means individuals from birth to age 2, inclusive, who need early intervention services because they-- (A).......		
(B) have a diagnosed physical or mental condition which has a high probability of resulting in developmental delay.	(B) have a diagnosed physical or mental condition[, as determined by a medical, psychological, or functional evaluation,] which has a high probability of resulting in developmental delay.	Young infants and children before the age of 5 frequently cannot be appropriately evaluated for vision or other deficits using standard medical evaluation techniques. Accordingly, the language of the statute is amended to permit the use of other criteria, such as psychological or functional evaluations. Unless functional vision indicators are utilized, for example, vision loss in young infants and children may be overlooked at the most crucial time of a child's visual development.
Sec. 672 (2) "Early intervention services: are developmental services which-- (A)....... (B)....... (C) are designed to meet a handicapped infant's or toddler's developmental needs in any one or more of the following areas: (i) physical development, (ii) cognitive development, (iii) language and speech development, (iv) psycho-social development, or		
(v) self-help skills,	[(vi) vision and visual development]	These changes [see also (E) and (F)] are recommended in order to insure that services provided by educators of the visually handicapped and orientation and mobility specialists will be included as part of early intervention services.
(D) meet the standards of the State, including the requirements of this part, (E) include-- (i) family training, counseling, and home visits, (ii) special instruction,		

Current Law	Changes in Current Law [additions] {deletions}	Rationale
(iii) speech pathology and audiology (iv) occupational therapy, (v) physical therapy (vi) psychological services (vii) case management services, (viii) medical services only for diagnostic or evaluation purposes, (ix) early identification, screening, and assessment services, and (x) health services necessary to enable the infant or toddler to benefit from the	[(xi) vision assessment and therapy] [(xii) orientation and mobility]	
(F) are provided by qualified personnel, including--- (i) special educations, (ii) speech and language pathologists and audiologists (iii) occupational therapists (iv) physical therapists (v) psychologists, (vi) social workers, (vii) nurses, and (viii) nutritionists, and other early intervention services,	[(ix) orientation and mobility specialists and special educators certified in visual impairment]	

Chairman OWENS. Thank you, Mr. Marshall. Ms. Justine Maloney.

STATEMENT OF MS. JUSTINE MALONEY, ASSOCIATION FOR CHILDREN AND ADULTS WITH LEARNING DISABILITIES

Ms. MALONEY. Good morning, Mr. Chairman and members of the committee.

I am Justine Maloney, a member of the Executive Committee of ACLD, and association for children and adults with learning disabilities.

I am presenting this testimony on behalf of our president, Helene Gruber, who testified at the hearings on the least restrictive environment last month.

The 60,000 members of ACLD include youth and adults with learning disabilities, their parents and family members and concerned professionals. The majority of the members are, like me, parents of children with learning disabilities.

Thank you for the opportunity to follow up on my testimony regarding the least restrictive environment with testimony regarding the Discretionary Programs under the Education of the Handicapped Act.

You will recall from my previous testimony, Mr. Chairman, that we parents rely heavily on the mandates, protections and resources of the Act to insure that our children receive the education, accommodations and related services they need to help them reach their potential.

Let me return to that same theme on discussing the Discretionary Programs. You were very interested in the concern I expressed last month that we must do a better job of insuring that parents are adequately prepared to participate effectively in the development of their child's individualized education program, the IEP.

As you know, we must depend on a valid and dynamic IEP to insure the services our children need. Also, as I indicated previously, a valid IEP is the only way to insure that each student is educated in the least restrictive environment commensurate with his or her individual needs.

If the parent does not understand the nature of the child's disability, the purpose of the IEP or how to provide meaningful information during the development of the IEP, that IEP may not provide the opportunity for the appropriate education promised by the Act.

Knowledgeable parental participation is particularly important in view of the Office of Special Education program's emphasis that the regular classroom is the least restrictive environment for all students with handicaps.

In an ideal world, when a parent first learns about the child's need for special education and related services, he or she also is taught how to participate in the development of the IEP. Alas, this often does not happen.

That is why, although we recognize that resources are limited, we would like to see the Congress expand the scope of the information clearinghouses and the parent training centers to include not only helping both parents and students with disabilities to understand the special education process, but also to understand the nature of the specific disability.

This would insure enabled parents to participate more effectively in the IEP and students to become more effective self-advocates.

I might add parenthetically that, if transition to the world of work is going to work, then the individuals with disabilities must understand and be able to explain their disability to their employers.

In a related area, Mr. Chairman, we would like to see the Congress take steps to insure that parents of all children eligible under the Act have access to the protection and advocacy services that are currently limited to severely handicapped individuals served by the Developmental Disabilities Act.

Parent training centers usually work cooperatively with local school systems to provide training on how the Act is supposed to work. They are often reluctant, as are many parents, to jeopardize that relationship by questioning the way the system is implementing the Act, either system-wide or for an individual student.

An advocate trained in special education law can advise both parents and school systems on how to solve problems without the need of going to a more adversarial due process.

Such an advocate could also remind school systems that the Act covers eligible students in regular education and that the failure to include in a student's IEP the supplementary aids and services needed to provide education in regular classes is a violation of the Act and the grounds for the removal of federal funds.

Additionally, Mr. Chairman, we would like to see Part E research grants used to implement some of the recommendations made in the August 1987 report to Congress by the Interagency Committee on Learning Disabilities.

The Department of Education is a member of that committee, which recommended collaborative, integrated and coordinated multidisciplinary approaches to research.

This summer the National Institute of Child Health and Human Development will award grants for the establishment of two new multidisciplinary centers for learning disabilities. It would be appropriate for the Department of Education as a member of that committee to award grants to implement that committee's recommendations that a major goal should be the development of a classification system that more clearly defines and diagnoses learning disabilities, conduct disorders and attention deficit disorders and their interrelationships.

Such information is prerequisite to the delineation of homogeneous subgroups and the development of more precise and reliable strategies for treatment, remediation and prevention.

Finally, Mr. Chairman, I would like to comment about the status of monitoring for compliance under the Act. May of our state affiliates and involved parents are frustrated by a process that is conducted without either information provided to or meaningful participation by parents and advocates.

We are great believers in parent participation, Mr. Chairman. It seems to us that the more parents know about and participate in the monitoring process, the easier it will be to insure compliance with the Act.

Thank you again, Mr. Chairman, for this opportunity to testify. I would be happy to answer any questions you may have.

[The prepared statement of Justine Maloney follows:]

TESTIMONY OF HELENE GRUBER, PRESIDENT OF ACLD, INC., AN ASSOCIATION FOR CHILDREN AND ADULTS WITH LEARNING DISABILITIES, BEFORE THE HOUSE OF REPRESENTATIVES SUBCOMMITTEE ON SELECT EDUCATION

APRIL 4, 1989

Mr. Chairman and members of the Committee, I am Justine Maloney, member of the Executive Committee of ACLD Inc., an Association for Children and Adults with Learning Disabilities. I am presenting this testimony for the President of our organization, Helene Gruber, who testified at the hearings on the Least Restrictive Environment last month.

The 60,000 members of ACLD include youth and adults with learning disabilities, their parents and family members, and concerned professionals. The majority of our members are, like me, parents of children with learning disabilities.

Thank you for the opportunity to follow-up on my testimony regarding the least restrictive environment with testimony regarding the Reauthorization of the Discretionary Programs under the Education of the Handicapped Act. You will recall from my previous testimony, Mr. Chairman, that we parents rely heavily upon the mandates, protections, and resources of the Act to ensure that our children receive the education, accomodations, and related services they need to help them reach their potential. Let me return to that same theme in discussing the Discretionary Programs.

The Chairman was interested in the concern I expressed last month that we must do a better job of ensuring that parents are adequately prepared to participate effectively in the development of their child's individualized education program (IEP). As you know, we must depend upon a valid and dynamic IEP to ensure the services our children need. Also, as I indicated previously, a valid IEP is the only way to ensure that each student is educated in the least restrictive environment commensurate with his or her individual needs. If the parent does not understand the nature of the child's disability, the purpose of the IEP or how to provide meaningful information during the development of the IEP, that IEP may not provide the opportunity for the appropriate education promised by the Act. Knowledgeable parental participation is particularly important in view of the Office of Special Education Program's emphasis on the regular classroom as the least restrictive environment for all students with handicaps.

In an ideal world, when a parent first learns about the child's need for special education and related services, he or she also is taught how to participate in the development of that child's IEP. Alas, this often does not happen. That is why, although we recognize that resources are limited, we would like to see the Congress expand the scope of the information clearinghouses and parent training centers to include not only helping both parents and students with disabilities to understand the special education process but also to understand the nature of the specific disability. This would enable parents to participate more effectively in the IEP and students to become more effective self advocates.

In a related area, Mr. Chairman, we would like to see the Congress take steps to ensure that parents of all children elgible under the Act have the access to the protection and advocacy services that are currently limited to severely handicapped individuals served by the Developmental Disabilities Act. Parent training centers usually work cooperatively with local school systems to provide training on how the Act is SUPPOSED to work. They are often reluctant, as are many parents, to jeopardize that relationship by questioning the way the system is IMPLEMENTING the Act, either system-wide or for an individual student. An advocate trained in special education law can advise both parents and school systems on how to solve problems without the need of going to a more adversarial due process. Such an advocate could also remind school systems that the Act covers eligible students in regular education and that the failure to include the "supplementary aids and services" needed to provide education in regular classes (Part B, Sec 613 (5)(a)) in a student's IEP is a violation of the Act and grounds for removal of federal funds.

Additionally, Mr. Chairman, we would like to see Part E Research grants used to implement some of the recommendations made in the August, 1987 Report to Congress by the Interagency Committee on Learning Disabilities. The Department of Education was a memeber of the Committee, which recommended "collaborative, integrated, and coordinated multi-disciplinary approaches to research in learning disabilities (223). This summer, the National Institute of Child Health and Human Development will award grants for the establishment of two new multidisciplinary centers for learning disabilities. It would be appropriate for the Department of Education, as a member of the Committee on Learning Disabilities, to award grants to implement that Committee's recommendation that "a major goal ... should be the development of a classification system that more clearly defines and diagnoses learning disabilities, conduct disorders, and attention deficit disorders, and their interrelationsips. Such information is prerequisite to the delineation of homogenous subgroups and the development of more precise and reliable strategies for treatment, remediation, and prevention...." (224)

Finally, Mr. Chairman, I would like to comment about the status of monitoring for compliance under the Act. Many of our state affiliates and involved parents are frustrated by a process that is conducted without either information provided to or meaningful participation by parents and advocates. We are great believers in parent participation, Mr. Chairman. It seems to us that the more parents know about and participate in the monitoring process, the easier it will be to ensure compliance with the Act.

Thank you again, Mr. Chairman, for this opportunity to testify. I would be happy to answer any questions you may have.

WRITTEN TESTIMONY OF ACLD, INC. ON REAUTHORIZATION OF DISCRETIONARY PROGRAMS UNDER THE EDUCATION OF THE HANDICAPPED ACT

APRIL 4, 1989

Suggested wording for expanding the mandate of the clearinghouses and parent training centers in PART D SECTION 632 (4)(cl), could be inserting between
"handicapped children" and "Such grants" the sentence

> "This training shall include informing and teaching parents of handicapped children and, when appropriate, children served under the Act to understand and explain the disability to persons outside of the field of special education."

ACLD supports the wording in the CCD Education Task Force paper of March 17, 1989, under Part D, pa 7

> "The Secretary shall establish a program of advocacy services for families and children with disabilities eligible for services under the Act, which will have the authority to provide mediation services as well as legal, administrative and other appropriate remedies...in cooperation with the Parent Training Centers funded under the Act.

Many parents oppose initiatives such as REI (the regular education intiative) and LRE because all too often, despite the wording of section 612(5)(B) of the Act, which states that

> ... removal of handicapped children from the regular educational environment occurs only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved sarisfactorily"

the IEP committee often refuses to write such accomodations into the IEP because they know that regular educators will not honor them. We urge the Congress to state unequivically that

> "P. L. 94-142 COVERS THE CONTINUUM OF PLACEMENTS, INCLUDING THE REGULAR CLASSROOM. THUS, THE FAILURE OF REGULAR EDUCATORS TO MAKE THE ACCOMOCATIONS WRITTEN INTO THE IEP OF A HANDICAPPED CHILD IS A VIOLATION OF THE LAW AND GROUNDS FOR REMOVAL OF FEDERAL FUNDS."

Such a statement would give parents and concerned special education administrators the "stick" needed to remind regular educators that children with special needs are their responsibility too.

This is not to say that all children with handicaps belong in the regular classroom, or even in regular schools. The placement of the child should depend his/her needs, as determined by the IEP. ACLD, Inc., supports the recommendation of the National Council on Disability that

> "Congress should direct the Department of Education to promulgate and enforce standards for the application of the least restrictive environment: such standards should clarity that the primary determinant of which educational setting is least restrictive is the educational appropriateness of the program".
>
> "On the Threshold of Independence", 1988, p 83)

ACLD TESTIMONY 4/4/89

The Congress should indicate its support of the interagency cooperation by reqeusting, under PART E, Section 641, that the Department implement the recommendation of the Report to Congress on Learning Disabilities to conduct research to "develop more precise and reliable strategies for treatment, remediation, and prevention of learning disabilities."

Issues which were not addressed in the oral testimony include:

TRANSITION SERVICES UNDER Section 626(a) should be provided for students with less severe handicapping conditions.

Many of the model transition programs and parent training on transition are for students with severe handicapping conditions. The philosophy for this emphasis may have been that if transition could be shown to work for those with severe handicapping conditions, transition for those with less severe conditions automatically would follow. Unfortunately, this has not happened Students with mild handicapping conditions are not receiving transition services and as a result, many are either graduating or dropping out of school with no job skills. The Harris Report on the employment of students exiting from special education, due in March, is expected to substatiate this observation.

Part D, TEACHER TRAINING, should clarify THAT AN APPROPRIATE EDUCATION MEANS THAT STUDENTS ARE TAUGHT BY TEACHERS TRAINED TO TEACH TO THEIR AGE GROUP AND WHO ARE QUALIFIED IN THEIR SPECIFIC DISABILITY.

A common complaint of parents of handicapped children is that their child's teacher has no training in how to teach students with that particular disability and/or in their age group. School systems often use non-categorical or cross-categorical classrooms for administrative convenience, despite the frustration of teachers students, and parents and the failure of students to learn.

PART D SHOULD INCLUDE TRAINING FOR INTERDISCIPLINARY AND INTERAGENCY COOPERATION

Special education teachers, trained to teach students with special needs are now being asked to coordinate services among regular and vocational education teachers, related service personnel and providers of preschool or postsecondary services. Incentives should be given to encourage preservice and inservice training on promoting interdisciplinary and interagency cooperation.

A new clearinghouse to collect and disseminate information about federally funded model programs could be added to the currently existing clearinghouses.

Chairman **Owens**. Thank you, Ms. Maloney. Ms. Pamela Burns had trouble with her plane and arrived late, so I thought I would give her a chance to catch her breath.

Ms. **Burns**. Thank you.

Chairman **Owens**. Ms. Burns.

STATEMENT OF MS. PAMELA BURNS, EXECUTIVE DIRECTOR, NEW YORK STATE HEAD INJURY ASSOCIATION, INC.

Ms. **Burns**. Good morning, Mr. Chairman and members of the committee.

My name is Pamela Burns. I reside in Albany, New York. I would like to thank you for the opportunity to testify on behalf of the National Head Injury Foundation.

The National Head Injury Foundation is a nationwide nonprofit advocacy organization composed of families and survivors and professionals and providers who support the mission, to improve the quality of life for individuals who have suffered head injury in their families and to prevent head injuries from happening.

I am here today before you wearing many hats. In my professional capacity I am the Executive Director of the New York State Head Injury Association, but I am also an educator. I am certified in elementary, secondary and special and adult education. I am a member of the National Head Injury Foundation's Special Education Task Force, who wrote the publication, "An Educator's Manual: What Educators Need to Know about Students with Traumatic Head Injury," which has been widely disseminated across our nation.

Most of all, I am here today before you because I am a parent, a mother, of someone who suffered a traumatic brain injury. In 1976, before there was a National Head Injury Foundation, just about the time when our country was celebrating its two hundredth birthday, my six-year-old son went with his older brother to buy some surprises for the fourth of July. He was hit by a car that was rounding the corner and he was caught above the wheel and the lady continued on for two-and-a-half blocks before she realized that something was there.

My son suffered a severe traumatic brain injury and was in a coma for over two months. He had to learn to walk and talk again and that was very hard, but nothing in my educational training prepared me for the biggest hurdle of all, and that was helping this child re-enter the school system.

The prevalence of traumatic brain injury among children and youth is staggering. About a million young people sustain head injuries. Of these, about 165,000 are admitted to hospitals on an annual basis, and in general 88 percent of those are discharged home, to school and to their families again.

So educators therefore are facing a new population of students with special needs. Few teachers have ever received pre- or post-professional training in the education of children with traumatic brain injury. I know I never did through my courses, and that was a while ago, but I have been back to many college curriculum courses recently and it is still not included for the most part.

While many rehabilitation programs have been established for head injury in the last five years, they have concentrated on the adult traumatically brain injured population.

Children and youth receive far less attention. Students who suffer traumatic brain injuries experience problems with cognitive, social and physical difficulties, but because TBI is puzzling to educators, because they weren't trained to understand the profound educational implications of head trauma, too often the reaction is to classify these students as mentally retarded or learning disabled or emotionally disturbed or into some category that seems to fit with what the school system typically offers special need students.

The National Head Injury Foundation would like to see a special category established which says "traumatic brain injury," because with the establishment of this category schools would be able to identify the traumatically brain injured student, to begin to find out how many are in need of specialized services and to be able to set aside funds to develop these programs for them.

The NHIF is ready, willing and able to work with any federal or state agency or committee to assist in developing training programs for school personnel and to develop strategies for identifying the traumatically brain injured child.

Let me skip to some more pertinent examples. To give you an example about what is happening in our schools, I would like to talk about some things that happened to me when my son returned to school.

When Justin returned to the first grade, they were thrilled that he was able to come back to class. Now, he was injured in July and he returned to the classroom in mid-November.

The principal was very anxious to see that he fit in. They did not give him a special bus. He was in a brace, a leg brace, and he had a walker. So the bus driver, out of the kindness of his heart, would pull up in front of our house and park the bus and walk off the bus. This was a regular school bus with all the kids on it. He would pick my son up, carry him on the bus because he couldn't manage the steps. The principal would greet him when he got to school and carry him off the bus. That was instead of special transportation.

His teachers were not thrilled. They were worried about the rugs. They were worried about his brace. They were terrified that he would fall and hurt his head. That seemed to worry them more than anything else.

His first grade teacher he could have done without, to tell you the truth. She had him sitting in the back of the classroom with an aide. She had gone to the principal and wanted an aide with him at all times.

She had him tracing cottage cheese lids, because somewhere she read that this would help retrain the brain and repattern the brain, so instead of learning reading and writing my son is in the back of the room tracing cottage cheese lids. I found out after a while, but parents don't hang around schools and look in classrooms on a daily basis to see what is going on.

After he survived first grade and moved on to second, the walker was gone. He could walk slowly, but he could walk. They were afraid to let him go out for recess, because, again, what would happen if he fell or if a child pushed him on the playground?

So he ate in the classroom with other disabled students and then, to give them some exercise, they moved them into the gym.

There were two little boys in wheelchairs who also were contained in the school instead of going out in the playground. Now my son could walk, but the gym teacher made my son kneel down so that the three of them were approximately the same height, so they could all play basketball together. These are true stories, honest.

Instead of talking to Justin's physical therapist or developing strategies for adaptive gym, this was their version of helping him.

Justin has graduated high school now, but there wasn't a year that I didn't have to go in to the school system and start at square one with his teachers and teach them traumatic brain injury again, because every year he had a different teacher. When we got to the middle school and high school levels, you had to teach teams of teachers.

Very often, if the child was not identified, the ancillary—the music, the art—they never knew that the child might have problems and they never knew how to approach him.

One art teacher failed him in soap sculpture—do you remember those, the Ivory soap that you did—because he couldn't use his right hand very well and he was trying to hold the soap with his left hand and carve with his right, and it didn't work too well because he couldn't hold on to a pen. So he used to smuggle it home and I would help him at night. I would hold onto the soap, except that he made too good of a goldfish and so the teacher failed him. When I asked him if he knew that he couldn't use his right hand, he said no, that nobody ever told him, and so it goes on.

Anyway, we are very concerned and we are very supportive of the reauthorization of the Discretionary Programs. We need special educators to be increased. We need college curriculums. We need programs. We need inservice training. We need identification of the students who need special help within the school system.

In states like Washington and Iowa, New York, New Jersey we have tried very hard in working with our state education agencies in developing some programs. Their problems seem to be that they don't have the funds, either, to carry them out, and yet through the Discretionary Programs there would be an avenue for them.

For instance, in New York the State Department of Education has said that there are no figures at all, they have none, for traumatically brain injured school children, so until they get some figures it is very difficult for them to commit money for training.

The Commissioner of Education concurs. He says, "We agree with your organization about the need for specialized training of school staff."

Parents have commented on the lack of information available to teachers. From a parent of a preschooler just recently, because there were no TBI programs locally, they wanted to send his four-year-old on a school bus off into the wild blue sunset for an hour or more to attend a school that had a quasi program, and then return back, and the father said "No, I wouldn't ride a bus for a hour, let alone a four-year-old."

Because of situations like I told you about, because of some personal examples that I told you that seem a little hard to believe—

and yet at the New York State Head Injury Association we have documented over two hundred families and schools that have called with similar stories and asking for assistance in this area, so they are true—because of these situations and others like these across the country, the National Head Injury Foundation and its forty-two state associations fully support the reauthorization of the Education of the Handicapped Discretionary Programs, and we thank Representative Major Owens, chairman of this subcommittee, for introducing H.R. 103 and to extend these vital programs through fiscal year 1989.

Thank you very much for the opportunity to testify, and again I apologize for being late.

[The prepared statement of Pamela Burns follows:]

National
Head Injury
Foundation, Inc.

Charles W. Haynes, Chairman of the Board
Marilyn Price Spivack, President, CEO
Pamela Burns, Vice President, State Association Affairs
James Malec, Ph.D., Vice President, Professional Council
Andrea Bogdan, Vice President, Survivors Council
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James and Sarah Brady, National Honorary Chairpersons

ORAL TESTIMONY OF

THE NATIONAL HEAD INJURY FOUNDATION

EDUCATION OF THE HANDICAPPED ACT DISCRETIONARY PROGRAMS REAUTHORIZATION

Before the
SUBCOMMITTEE ON SELECT EDUCATION

Presented by

Pamela G. Burns, Executive Director
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April 4, 1989

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Good Morning! My name is Pamela Burns and I reside in Albany, New York. I would like to thank you all very much for the opportunity to testify before you today on behalf of the National Head Injury Foundation and its 30,000 members nationwide.

The National Head Injury Foundation is a non-profit advocacy organization, composed of families, surviviors, professionals and providers, who support the NHIF mission, "to improve the quality of life for head injured individuals and their families, and to prevent head injuries from happening."

I am here today before you wearing many hats. In my professional capacity, I am the Executive Director for the New York State Head Injury Association/NHIF. I am a certified educator in elementary, secondary and special education. As a memeber of the NHIF Special Education Task Force, I was one of the contributing authors of the publication, "An Educator's Manual, What Educators need to know about Students with TBI", which has been widely disseminated nationally. But most importantly, I think, the reason that I am here before you today is to give testimony as a mother of a youngster who suffered a traumatic brain injury.

In 1976, before there was a National Head Injury Foundation, before there were rehabilitation programs for head injured survivors, my son was injured. He was six years old at the time and crossing the street to go to the store to buy surprises for the 4th of July. A car came around the corner and caught him in its wheel. He was dragged 2-1/2 blocks before the car realized what had happened. Justin was in a coma for two months. He had to learn to walk and talk again. That was hard! But nothing in my educational training prepared me for the biggest hurdle of all... Helping this child re-enter the school system. The prevalence of traumatic brain injury among children and youth is staggering. Each year in this country as many as 1 million young people sustain traumatic brain injuries from motor vehicle accidents, falls, sports and child abuse.

Approximately 165,000 of these youngsters will be hospitalized with 16,000 to 20,000 suffering moderate to severe injuries. Statistically, the largest group of brain injured people is in the 15-24 year-old range. But the incidence rate is nearly as high for youngsters under 15 years of age. The National Head Injury Foundation, a nationwide non-profit advocacy organization defines traumatic head injuries as follows:

> Traumatic Head Injury is an insult to the brain, not of a degenerative nature but caused by an external force, that may produce a diminished or altered state of consciousness, which results in impairment of cognitive abilities or physical functioning. It can also result in the disturbance of behavioral or emotional functioning. These impairments may be either temporary or

> permanent and may cause partial or total functional disability or psychosocial maladjustment.

Educators are therefore witnessing another new population of students with special needs entering or re-entering schools... the youngster with TBI. Few teachers, however, have received pre or post professional training in education of children with TBI. Researchers are just beginning to respond to the short and long term effects of TBI and subsequent developmental issues in children and adolescents.

While many rehabilitation programs have been established in the last 5 years, they have concentrated on the adult TBI population. Children and youth have received far less atttention. Moreover, over 80% of people who have TBI are discharged from the hospitals to home. Many youngsters return to home and school with minimal support services and little if any information on TBI either for their families or for the education personnel.

Students who suffer traumatic brain injuries usually experience problems in three major brain functions. TBI disturbs them cognitively, socially and physically, in a number of important ways. Because of this, TBI is puzzling to many educators. They were not trained to understand the profound educational implications of brain trauma. Too often, the reaction of educators is to classify these students as mentally retarded, learning disabled, emotionally disturbed or into some other category that seems to fit with what the schools typically offers special need students.

The National Head Injury Foundation would like to see a special identification and category established for the traumatically brain injured student. With the establishment of this category, schools would be much more able to identify the TBI students, to begin to find out how many are in need of specialized services, and then to set aside funds to develop these services and establish meaningful programs for the appropriate personnel. The NHIF is ready, willing and able to assist any Federal and State Agency or Committee, with this program and is willing and able to develop training programs for school personnel...especially through its established NHIF Special Education Task Force.

Two major factors which have contributed greatly to the need for training of educators about the needs for students with TBI are:

1. Higher survivor rate of children and youth with TBI
2. Federal legislation that mandated services; first to handicapped school-aged children (Public Law 94-142, in 1975) and then to three to five years old (from birth in some states under Public Law 98-199, 1983), and most recently to infant and toddlers, (PL99-457, 1986). The 1975 Act contributed to the dominate shift from institutionalized treatment for children with disabilities to

> community based modes of care. This change in the balance of care has increased immediate need and demand for community services, personnel and training of educators. The population of children and youth with TBI diverse needs. These needs need to be addressed.

To give you an example of what is more typical than not, I would like to give you some history from my own son's educational programming. When Justin returned to school in 1976 in the Fall he re-entered as a first grade student. The Principal and Community were pretty glad that Justin had survived this and were very willing to assist him in his re-entry process. However, many of the school personnel were not. He was not given special transportation to school. He was in a leg brace. The bus driver carried him on and off the regular bus. The first grade teacher did not want a student who wore a brace and used a walker in her classroom, especially one who had injured his head. She was greatly concerned with the liability if he should fall down and injure his head again. The Principal arranged to have an aide with him at all times to sit with him in the back of the classroom and to trace cottage cheese lids to improve his coordination and which she thought would improve his brain functioning. So for weeks on end, he would sit in the back of the room and trace cottage cheese lids while other first graders were learning how to print and how to read.

After surviving first grade and being promoted to second grade the walker was gone and he could walk slowly on his own. The problem then faced by the school was how to handle him in gym class. Again, they were afraid of injury. Instead of having the gym teacher coordinate his services with Justin's physical therapist, they had Justin kneel down to play basketball with two other boys in wheelchairs. The reason they had him kneel was so that he would be the same size as they were and the game would be fair. For months on end at lunch time or whenever any children went out to play he knelt down in the gymnasium with two other boys and they played throw the ball. Adaptive gym would have been a much better idea.

Every year without fail from grade 1 to grade 12,hours of special inservice preparation were given to each of Justin's teachers by me. Because his teachers and classroom teachers receive very little training in specific handicapping conditions. Special educators are more fortunate in that they do receive some background in their preparatory courses. However, these courses tend to give an overview of just about every condition that a teacher might come in contact with. Special training programs are desperately needed at the local school level and school district level for teachers so that they know how to approach the child in the classroom and also with the correct educational interventions. The number of special educators need to be increased and there needs to be a college curriculum and other training programs on TBI and other handicapping conditions available to these teachers on an as needed basis.

In general, the NHIF State Associations have tried very hard to establish working relationships with their State Education agencies. These relationships are predicated on making changes in the educational system for the benefit of TBI students. The States' Association of Washington, Iowa, New York and New Jersey are succeeding but State Education agencies need funding to execute these changes. The reauthorization of discretionary programs will provide that funding opportunity to them and help ameliorate the following situations which have been brought to the attention of the NHIF/NY recently:

> The NYS Department of Education has stated that there are no figures on the number of traumatically brain injured school-aged children in New York State. (letter to Commissioner of Education, 11/88)
>
> "The State Education Department agrees with your organization about the need for specialized training for school staff concerning the education of children with traumatic brain injury." (NYS Commissioner of Education, Thomas Sobol 12/88)
>
> From a parent of an Elementary student in NY, "the teachers don't understand head injury, the administration doesn't understand head injury and they have no idea how to deal with the behaviors that go with it. A great deal of lack of information on TBI." (February 1989)

From a teacher in an Elementary school in NY, "I have 28 students in my classroom. No one told me that one of these students was head injured. I thought he was just lazy."

From a parent of a pre-schooler injured one and a half years ago, "because they have no TBI programs or know of other TBI students, they suggested sending my 4 year old on a school bus for 1 hour to attend a program at a BOCES school. I want my child who can walk and talk to receive services in his community with his peers. One hour is too long for anyone to ride a bus."

From a parent of a 10 year old, "medicaid won't pay for a nurse to go to school with my daughter as she is paralyzed from the neck down. She has to stay home with the nurse. She has a great personality, talks, is in an electric wheel chair, can learn but needs a ventilator. Oh, if there were a special program in her school that could meet her unique needs."

From a school nurse, "please send me literature on head injury you may have for my teaching-resource file."

Over 200 inquiries received from school districts requesting information, training, attendance at Committee on Special Education meetings regarding re-entry of TBI students.

Establishment of 5 special TBI classroom programs in 5 schools on demonstration basis without funding but with collaboration of parents and teachers who want to address this issue.

Because of these situations and others like these across the country, the National Head Injury Foundation and its 42 State Associations fully supports the reauthorization of the Education of the Handicapped Act's Discretionary Programs. We thank Rep. Major Owens, Chairman of the Subcommittee on Select Education, for introducing H.R. 103 to extend these vital programs through fiscal year 1992 and for the opportunity to testify.

Thank you.

Recommendations highlighted in testimony.

DISTINCT TBI CATEGORY

1. Establishment of a discrete category of TBI to help find, identify and address educational and other needs for service of TBI students which would also aid in the identification of and establishment of services of TBI handicapped infants and toddlers and assist in estimating the cost of funding above.

REGIONAL RESOURCE CENTERS

SPECIAL EDUCATION PERSONNEL DEVELOPMENT

2. Pre-service and In-service training for all educational personnel especially classroom teachers.

EARLY CHILDHOOD EDUCATION

INSTRUCTIONAL MEDIA AND CAPTIONED FILMS

TECHNOLOGY, EDUCATIONAL MEDIA AND MATERIALS

3. Training materials/instructional educational media easy to obtain with training experts available through State Education agencies assisted by Regional Resource Centers.

HANDICAPPED INFANTS AND TODDLERS

CLEARINGHOUSES FOR THE HANDICAPPED

INNOVATION AND DEVELOPMENT

INNOVATIVE PROGRAMS FOR SEVERELY HANDICAPPED CHILDREN

SERVICES FOR DEAF-BLIND CHILDREN AND YOUTH

4. Development of innovative educational projects and programs designed for the TBI student for all grade levels including preschool and infants.

POSTSECONDARY EDUCATION

SECONDARY EDUCATION AND TRANSITIONAL SERVICES

SPECIAL STUDIES AND EVALUATION

5. Development of transitional and secondary services and programs for the TBI student in conjunction with vocational education services.

Chairman **OWENS**. Thank you. I want to thank all of the members of the panel.

I want to yield to my colleague, Mr. Bartlett, for questions first.

Mr. **BARTLETT**. Thank you, Mr. Chairman.

The first question is of Ms. Dickman and Ms. Maloney, and any of the other panelists who may choose to answer.

You no doubt heard or saw testimony of our last hearing, in the hearings which specifically focused on least restrictive environment. Each of the two of you alluded to the impact of LRE provisions in Public Law 94-142 on various students, including deaf students.

I wonder if you would have any specific comments as far as guiding this subcommittee on the whole issue of LRE. Are there changes in the statute that are needed, and if so, what, and if not, are there specific changes in practices that need to be made to assure a greater range of choices in placement?

Ms. **DICKMAN**. From my perspective and the perspective of the Council of Organizational Representatives, I think that one of the primary problems is in the interpretation of the existing law rather than a need to change the law itself.

I think there has to be a clearly focused understanding of each child as an individual and a recognition that no one placement for any category of children is appropriate. No one type of placement will always be the least restrictive.

There are many hearing impaired children who are well placed within the mainstream of education. There are other hearing impaired children who very much need other settings, such as center schools or residential schools, whether within their own state or elsewhere, depending on choices that the parents have made.

Therefore, I think that there needs to be an enhanced directive to looking carefully at the individual child, the individual child's needs, the preference of the parents and, always, the provision of consistent quality educational options across the board.

Mr. **BARTLETT**. Ms. Dickman, it does make some difference that we have a very clear understanding of what to do or not to do in this legislation.

Would you suggest that there be an enhanced directive in this legislation, or do you think that the Department of Education needs to make adjustments in their directives, or do you think it is more a matter of trying to seek better understanding from individual school districts, or all of the above?

Ms. **DICKMAN**. Well, quite frankly, I think a little bit of all of the above would be helpful. It has been my experience that it is always helpful when the directive comes from the top, or at least the encouragement to look very carefully at each individual child.

Mr. **BARTLETT**. Ms. Dickman, I know this will come as a great shock to you, but sometimes both Congress and the Department of Education do issue directives that are simply wrong, so be careful when you say "always helpful."?

Ms. **DICKMAN**. Well, I certainly will go for that, but on the other hand I think that at least it has been my experience as I listen to both parents and educators who are affiliated with my particular organization that all too often something seems to go awry at the local level or at the state level in terms of what is actually meant by the terminology—I am going to use it for the moment, but I would rather see us look at some other terminology rather than "least restrictive environment," because I think so many problems have been created through this terminology that perhaps we should be looking to calling the situation something a little bit different.

Mr. BARTLETT. Okay. Ms. Maloney?

Ms. MALONEY. I concur. You made a couple of points I would like to elaborate on, but I think first, Mr. Bartlett, in response to your question, I think the National Council on Disability in their publication "The Next Step Toward Independence" made a recommendation that Congress state clearly that the least restrictive environment is that environment which provides the greatest educational opportunity for the handicapped child.

That can be—and I think part of the difficulty is, what is educational opportunity for a child who is capable of making academic progress? That opportunity may be in a setting which is separate from the regular classmates while that youngster gathers the tools to enable him to make the successful transition from school to work.

For a more severely handicapped individual where the educational need may be, one, to pattern him- or herself on his "normal peers," the most appropriate educational setting may indeed be in the regular classroom. That determination should be made by the IEP.

The whole beauty of the Education of the Handicapped Act is the individualization. You look at the strengths and weaknesses of the child, you look at what the child needs at a given time, and on the basis of that you develop the IEP.

Because conditions may change the child's abilities may change. That is why it is a beautiful thing. You have an IEP every year. That is why every three years you stop and you look all over again and you say, "Does this child still, indeed, require special education and related services?"

So I would say there is nothing wrong with the law. It really is a remarkable thing. I think part of it is the interpretation. Part of it is—it is interesting, because you have people who are looking at the needs of children as a group rather than looking at individuals.

I think we have to go back and say that what 94-122 is talking about is the individual child.

Mr. BARTLETT. So you would advocate, in passing this statute, that we give much more specific guidance to the Department of Education to give more specific guidance to LEAs to individualize the choices, is that what you are advocating?

Ms. MALONEY. That is right. You look at the educational needs of the child and that depends on the individual child.

Since you opened it up, I think it is also——

Mr. BARTLETT. Does that conflict with what is presently happening?

Ms. MALONEY. No—well, it conflicts with the interpretation from certain advocates within and outside the department looking at their particular population and feeling that all children belong in regular classrooms.

In fairness, I cannot say—I have to say that in many cases state and local school districts have looked at children with a certain disability and said, "On the basis of that disability you are too severe to be served in regular schools, so we will segregate you."

That is wrong, because again that is making a blanket statement on the basis of a generalization about children within a certain classification. That is a violation of the law, but I maintain that it is also a violation of the law to say that all children, regardless of the nature and severity of their handicapping condition, belong in the regular classroom.

I think we have to remember not only the severity but the nature, and I think the deaf community have talked in terms of the fact that a deaf child who is the only deaf child in a classroom can be more isolated than when he is with his deaf peers.

I maintain that there are youngsters with learning disabilities the nature of which is such that they cannot concentrate for any more than a half an hour at a time. The nature of the disability prohibits him from being served appropriately in the regular classroom.

That is the sort of thing you need to look at when you look at the IEP.

Since I have the floor, I might also say, if we are going to go for the least restrictive environment in the regular classroom, I think it is imperative that Congress point out to school districts, so that parents and advocates can point to it and administrators of special ed can look and say, "Hey, Public Law 94-142 covers the regular classroom."

Just because a youngster is being served in the regular classroom you need to put his needed accommodations in the IEP, because unfortunately parents go into IEP meetings and they say, "I would like the youngster to be able to use a computer to do his homework."

What the parent is told is, "We can't do that because that is regular education. It is not special education."

So we need for Congress to help not only parents but also professionals, school administrators of special ed, to give them a stick, if you will, to encourage regular educators to make the needed accommodations.

Mr. BARTLETT. So you would keep the LRE in the law?

Ms. MALONEY. The way it is written is fine, and I quoted it. There is nothing wrong with that. I think I would perhaps urge Congress to use the terminology recommended by the National Council on Disability that the least restrictive environment is the one which is commensurate with the educational needs of the child.

Mr. BARTLETT. Mr. McDonald?

Mr. MCDONALD. I would like to emphasize that the least restrictive environment should be seen as a continuum along a whole line of services from the mainstream at one end to a very supervised program at the other.

Every one of these steps is needed. The same student might need several of them at various times. I know I have. Mainstreaming should be the ultimate goal if it is feasible, but special schools and special programs are definitely needed. I know I probably would not be where I am now if I had not been in a school for the blind for some time and at a school for the deaf at another time.

I think all of these are needed. It should be the most enabling placement at a given time, with the ultimate goal of being least restrictive, meaning as close to the mainstream as possible, but it should not shut out other places along that continuum.

Mr. **Bartlett**. I like the terminology "the most enabling placement."

Ms. Burns?

Ms. **Burns**. I certainly concur with what Mr. McDonald has said.

I think the point that I would stress is that it has to be a continuum and it has to be up to the educational needs for each child as to how they are placed in this least restrictive environment.

One thing in particular regarding the traumatically brain injured child is that very often he changes very quickly, or she changes very quickly, and while—let's take September, for instance.

An IEP might recommend in September that a resource room placement might be the best for that point. In October and November it could almost be up to a regular mainstream classroom and something might occur in February where it might have to be switched back.

So I think we need also flexibility. Sometimes the initial placement is taken as the only placement for that particular school year, and you have to be able to move between the environments as the child's needs occur.

Mr. **Bartlett**. Mr. Forness, I was interested in your testimony on a separate set of grants, a separate and new section for seriously emotionally disturbed children and youth.

I wonder if you could provide us with data that demonstrates the need, as demonstrated by this. My question is, is there an absence of research data on the needs of severely emotionally disturbed children, or what is the precise need that you believe the federal government is uniquely qualified to serve?

Mr. **Forness**. Congressman, I feel that the issue has been that there has not been enough priority and emphasis on grants for children with serious emotional disturbance.

We do have two programs operating right now of research, but they are the first two that we have had probably in the last five years as major research grants. They are fairly comprehensive grants.

Mr. **Bartlett**. Can you give us the names of those grants?

Mr. **Forness**. I think I can. One is from Dr. Epstein at, I think it is, University of Northern Illinois. I may be wrong on that one. It is Dr. Epstein. I am not sure if it is the University of Illinois or the University of Northern Illinois.

The other one is Dr. Jim Kaufman of the University of Virginia. They and several collaborators are looking at a number of issues; however, these are the first two major grants I think we have had to kind of focus in this area, particularly in recent years, as we have gone into the kind of first decade or so of children with serious emotional disturbance and look systematically at what kind of programs are now being delivered and what kind of needs these children now have.

I think particularly, Congressman, in terms of the issue of interagency collaboration, as you know, the interagency agreements under Public Law 94-142 have not been as fully developed and many are still not in place in many states. I think that is an issue which I think affects not only the category of serious emotional disturbance but a number of other categories, as well.

I think to look at the particular collaboration among agencies and so forth, those kind of things, need to be done, because I don't think, as I said in my testimony, we have looked at the extent or the nature or the need for partnerships with other agencies such as Mental Health, Child Welfare, and we have not looked at the exact role of school psychologists and others in this particular area.

I think those are the kind of needs that we have in the area of research.

Mr. **Bartlett**. So your testimony would be a section devoted exclusively to research?

Mr. **Forness**. Among others. I mean, I mentioned two, the issue of training and the priority for teachers in this area, since we have such an under-representation or need for teachers in a number of areas including particularly an emphasis on teachers from minority backgrounds.

We also mentioned—in the testimony I think you will find starting on page 28 and going through 29 and 30—we looked at, for example, under 618 the overuse of residential programs for children with serious emotional disturbance.

So research is only one of the priorities that we have made recommendations for.

Mr. **Bartlett**. Are these priorities eligible within the current Discretionary Programs?

Mr. **Forness**. They seem to be, although you know the Department of Education sets particular priorities under which they will entertain grants each year, and we have not had a priority in the area of serious emotional disturbance to the extent that we need it.

Mr. **Bartlett**. One last question to any panelists who have an opinion on it.

If you were in our shoes, what changes would you make, if any, in the area of the transition from school to work? What improvements—what do you believe are the major or the principal barriers in the school-to-work transition?

Ms. Burns?

Ms. **Burns**. Well, if I understand it, the Office of Vocational Rehabilitation can step in at about age fourteen within the school system; however, it is the prevocational training that seems to be the problem. Who pays for it?

Currently in New York it is not paid for under OVR. Then, if you pay for this kind of training or develop these kinds of programs within the school day, then are you not then missing some "course requirements" for graduation? We have the "yank them in and out of class" syndrome.

As far as the traumatically brain injured child goes, when we look at transition and aging out we sometimes say it is difficult to age out of something that you have never been in.

Generally OMRDD have not considered that population and we are kind of like not of a whole lot of things, and everything all at once, so we are not sure what we are transitioning to.

OVR is having a great deal of trouble serving us. I think that one of the keys is the prevocational training and the dollars attached to that, but where would it come from?

Mr. **Bartlett**. Mr. Marshall?

Mr. **Marshall**. Yes, Mr. Bartlett. In our recommendations we have offered some suggested language to Section 626 on transition. I believe it has also been adopted by the Consortium of Citizens with Disabilities, and I think someone on the second panel will be speaking directly to it.

Basically, the idea is to fund a demonstration project to look at the question of how technology works in the transition process as a child transitions from education to rehabilitation or other adult programs.

We are trying to address the situation of a child who learns how to use an adaptive aid, for example—in the case of a blind kid it might be a talking computer terminal—through high school.

When she goes on to college, the school system says, "Well, no, you have got to give us back the computer," and now the rehab agency says, "well, we really can't afford to purchase a computer that has the speech synthesizer attached to it."

There are issues about who is going to pay for what, which service system has the responsibility to repair, what kind of technology perhaps ought to be involved in these kinds of transitioning situations.

We feel that there is a real need to address the problem, and that is why the recommendation would aim at having a research demo look at these issues.

Mr. **Bartlett**. Thank you. I yield back.

Chairman **Owens**. You wanted to add to that, Ms. Maloney?

Ms. **Maloney**. Yes. I would like to comment on a couple of things.

I also would like to say "all of the above" on these things, because I sort of concur with what people say.

I would like to say that one of the problems, for instance, for children with learning disabilities is the requirements for graduation. How do you choose between getting the prevocational training, the job attitudinal things that people who misperceive have tremendous problems with?

You have the problem of the requirements for graduation. You also have the problem that parents of youngsters who are not perceived as being severely handicapped sort of get hung up with everybody going to college, so that the parents are very geared into the educational aspects and they don't think about the vocational aspects until it is too late.

For youngsters with disabilities you cannot give them one course on what is the proper job attitude, like coming on time and so forth. This takes three or four years, because you really have to work at it.

So I guess I would go back to the parent information clearinghouses and the parent training centers, which are already doing good things on transition, but I think we need to emphasize more that there is a need to start this sort of service early.

I don't like to be negative, but I do think that there is a perception of parents of children with learning disabilities that all of the transition training, all of the transition services are going to those with severe handicaps.

I think that there is a reason for that that was never explained. I think the philosophy probably was, if it works for severely handicapped kids it can work for those less severely handicapped.

Unfortunately, there is also the perception that if you are less severely handicapped you don't need the services, but you do. When you talk about the 80 percent of kids sitting out there who are unemployed and unemployable, you are talking about the mildly handicapped, regardless of the disability.

So I would urge that there be more encouragement for transition services for the less severely handicapped. This is not to say that you do away with the other. Find the money.

Chairman **Owens**. Thank you. I want to thank all the members of the panel.

We are reauthorizing a program which contains about $169 million, which of course is not enough, but still a substantial amount to deal with these various problems.

The programs have been funded for some time and we have never had a really thorough evaluation. Your testimony is as close as we can get to what kinds of things we are doing that work and what still needs to be done.

Mr. Forness, I was very interested in trying to pinpoint the problem with respect to the emotionally disturbed. There is this layman's concept that this is the bad kid, the mischievous kid, the juvenile delinquent—he "ain't" emotionally disturbed, he is bad.

It seems to me that within the profession there is some problem in terms of how you deal with this category of children. As you pointed out, the word "severely" has to be put in front of "emotionally disturbed" before it is legitimate.

What would additional studies do, or what else can we do to deal with this? What would be the outcome of more study?

Mr. **Forness**. Mr. Chairman, there is disagreement in the field, but with most people I think there is no disagreement with the fact that we are underserving these children, you know, by a factor of possibly, by conservative estimates, only serving one out of five who need it.

Chairman **Owens**. There is agreement that we are underserving these children?

Mr. **Forness**. Right.

Chairman **Owens**. These bad children or these emotionally disturbed children?

Mr. **Forness**. Emotionally disturbed.

Chairman **Owens**. Severely emotionally disturbed children.

Mr. **Forness**. These emotionally disturbed children, Mr. Chairman. I think the issue is in the definition. There is an exclusion, that we exclude children with social maladjustment.

Now, social maladjustment is really a symptom. It may be a symptom of a variety of things. It may be a symptom of juvenile delinquency, but it is also likely to be a symptom of serious emotional disturbance.

I will give you an example. Some of my own research has been on children with depression—you know, clear underlying clinical depression.

Now, in my sample of children that was about 150 children we studied both in our inpatient and our outpatient hospital, there were 60 percent of these children who had conduct disorders as an associated diagnosis that masked the fact that these children really did have depression. So these children really were seriously emotionally disturbed, but what people saw at first glance and for a long time thereafter, was social maladjustment, a conduct disorder of some sort.

That is the problem with the definition. I think that makes all the more compelling—since we are not going to change that definition at least in the immediate future—it makes all the more compelling the kind of recommendations we have made about looking at the status, for example, of these programs—what children are getting into these programs, what children are being referred, what children are being considered, what children are being excluded, and who is finally getting into these programs and what is happening to them.

It is very likely that if a black youngster gets identified, they are more likely sometimes to get into the juvenile justice system rather than into the system that would deal with their emotional disabilities or their emotional stress and so forth.

I think that is one of the issues we are really concerned about, is at the point of entry. Even these discretionary programs can give us some ideas about what is happening to these children and what we should do differently.

Chairman **Owens**. Thank you. Ms. Burns, what can we do that we are not doing now to deal with the problem? On the one hand, I think you said, that it is almost not being recognized, that there are no figures in New York State as to how many children there are with serious head injuries, yet you have some records from two hundred families.

Ms. **Burns**. I was talking about the state Education Department itself, only using New York as an example, because the same thing will occur in other states because there is no category.

Chairman **Owens**. Yes, I assume that.

Ms. **Burns**. The reason they tell me they can't count the children is because there are only ten or eleven categories under Public Law 94-142, and in order to turn in their records to get the federal aid they have to put everybody that they know of who needs a special service under those categories. They cannot create a new category, because if they did they couldn't put in on your forms.

So therefore, if they can't count them and don't know they are there, then how can they serve them?

It becomes a convoluted argument.

Chairman **Owens**. What can we do?

Ms. **Burns**. Help them count them, and I think the position that we would like to see is definitely to have a category that says "traumatically brain injured," or, even using the current categories that exist with a subclassification, "learning disabled because of traumatic brain injury," "speech impaired because of traumatic brain injury."

Once we get the numbers, then I think we can give you more—we will all be able to come up with concrete solutions on how much should be set aside for training, where should the training occur, in what parts and what states, in what ways to make it most cost-effective to everyone.

So I would suggest somehow counting them, setting aside funds for teacher training and strategies to reach them within the school system to assist them.

Chairman OWENS. Are there some people out there who are against this?

Ms. BURNS. Yes. I have had many a discussion with people in state education agencies, and the reason they are against it is because they say—and this is their argument to me—it really doesn't matter what we call them or what categories they are under. The IEP takes care of every single child's needs individually according to his needs, so therefore we don't even need a category. That is their reasoning back.

The two reasonings, you know. One was that they couldn't put it on a federal form and then the other one was, well, it didn't even matter because according to the IEP, if they do it right, they are serving them perfectly, so what's the problem?

Chairman OWENS. Thank you.

Ms. BURNS. You are welcome.

Chairman OWENS. Mr. McDonald, you seem to think that it might be good if we took some money from the Discretionary Program and put it into direct services instead and that all the research that is necessary has been done. Did I understand you correctly, Mr. McDonald?

Mr. MCDONALD. I think it would be more correct to say that the majority of funds should go to direct services, because it directly benefits the people intended by the funding in the first place.

Research is definitely needed. It gives us guidance where we are to go, but the majority of the funds should be given to direct services, where it actually reaches deaf-blind people.

Chairman OWENS. Thank you. I understood you correctly.

Ms. Dickman, you made a statement which interested me. You said that participation should be mandatory for parents and we should also make more funds available or focus existing funds on increasing community understanding of programs with greater needs.

Could you clarify, please?

Ms. DICKMAN. Yes. With respect to the comment related to parents, I believe that was within the context of expert panels.

It has been suggested by more than one of our member groups that participation of both disabled persons and parents of disabled persons be a mandatory part of the panels evaluating research decisions and those sorts of things. As I recall, it is within that context.

Second, with respect to parents, my remarks addressed a compelling need for parents to serve a primary role in the determination of the educational future of their children; in other words, for them to, one, have the knowledge necessary to enter an IEP situation knowing the options that should be available for their children, and being able to make decisions based on what they feel would be the appropriate educational future.

Chairman OWENS. We are currently funding parent training centers, correct?

Ms. DICKMAN. That is correct.

Chairman OWENS. Are they effective, in your opinion, or not?

Ms. DICKMAN. I think that certainly parent centers as they are currently funded have many positive benefits; however, I do not think that all of the parents are being reached by these types of services and all of the information——

Chairman OWENS. Regarding networking with those that are not funded, that is, parent groups that are not funded, of course—do you think there is a network out there, a sharing of information?

Ms. DICKMAN. I think that there could be a significant enhancement of information sharing. It has been my observation that in many instances available information does not reach the hands that could use the information.

I think those of us in organizations take some responsibility, or should take some responsibility, in trying to build bridges with other groups intended to serve parents.

Chairman OWENS. Thank you. In the same vein, Ms. Maloney, could you clarify your statements about advocacy?

Ms. MALONEY. Right. One of the problems that you have is that the parent training centers really do a very good job of trying to reach out to parents and to teach them that these are the steps in special ed, this is what this means, this is how you should proceed and so forth.

Part of what they are trying to do is to build up a working relationship with the school system, because frankly it is very hard for any advocate group, for any parent group, to find the parents out there, particularly the ones who don't have the obvious handicap.

I think all of us are in the situation where somebody calls and says, "Where have you been all my life? You know, I never heard about you before."

One of the ways that they can hear about us is if the school systems let something like the parent training centers know that here are new parents, this is how you can reach them, and then the parent training centers can let the advocacy groups know what is going on.

Many of the parent training centers are developing things like parent/professional partnerships to provide services to parents in local schools to explain problems and to clarify issues as they develop.

That's fine, but when you have a problem either on the implementation of services, and I will take for an example the fact that parents go into an IEP meeting and they are told, "We can't write these accommodations in because it is regular education," very often the parent training centers may know that exists but they are not exactly sure of the law because they are not lawyers. They don't want to jeopardize their relationship with the school system, because the minute you start challenging people they get a little testy. So very often they walk very carefully in their relationships with school systems.

Again, as I say, they don't have the background in case law and litigation.

Chairman **Owens**. Lawyers might be a bit expensive. What kind of personnel would be able to do that?

Ms. **Maloney**. Well, we are talking about this. I think that if you look and the P&A systems, which are funded under the Developmental Disabilities Act, I think that they—I am not sure if their case load is 40 percent education, but they can only serve a small percentage of those served.

I think——

Chairman **Owens**. The case load of whom, lawyers or social workers?

Ms. **Maloney**. The P&As are lawyers and paralegals, so that very often they can answer questions for parents or for school systems without going into due process.

I think that—my understanding is that—perhaps some of the parent training centers might be willing to give subgrants to paralegals to solve some of these problems without themselves getting into an adversarial position.

So it might be that the way you might do it might be as a sort of a subgrant, to give the parent training centers the power to subgrant. They would be sort of separate.

Chairman **Owens**. I understand. Thank you. Mr. Smith?

Mr. **Smith**. I have a question actually for the entire panel, but I need to set the stage for a second.

I speak to you as a former school board chairman and teacher for a little bit, and just somebody who has been involved with education throughout his life.

My understanding of, if you will, the spectrum of services available and the problems generated by Public Law 94-142 fall into three parts.

First is that the very success of Public Law 94-142 in the last fifteen years, or should we call it the Education for All Handicapped Act, has brought into relief two gross problems.

One is, what happens to children before the age of five or six, and the other is, what happens to children who are Public Law 92-142 eligible after they graduate, after we have succeeded with them in school, transition-in, transition-out.

We understand and we begin to move on those two problems, and now we are confronted really with—it is like every family has a little secret they don't want to talk about.

The fact of the matter is that the little secret that we are somehow struggling to learn how to talk about—I think I have heard you all struggle with it today, as a matter of national policy—is that we have not been as successful as we would like within Public Law 94-142 at creating the kind of educational opportunity that we would want for every young person in this country.

So now we have got a third problem, which is right in between. It is not transitioning in—we understand that we need to do that—and it isn't getting better at transitioning out. We can do better where we have been successful.

If I have got it right, now my question is going to end up being right on the question of the most enabling environment, because in Vermont where we take great pride as being, we think—of course everyone thinks they are a leader. We think we have been a leader in Public Law 94-142 over the last eighteen to twenty years, and I think the record would show that we would share that designation, but I think the record would show that we have earned it.

We have a problem in Vermont that I am beginning to understand is not peculiar to Vermont, which is that we are having a very hard time holding special education teachers in the school because not many of them spend much time in the classroom with children any longer.

They spend their time with IEPs. They spend their time with litigation. They spend their time filling out compliance forms. They don't spend their time doing the job they were trained and hopefully hired to do. That is just a practical matter. It is not because they wish it that way. It is just a practical matter for many, many people.

Also, in our university system, I am told—and I understand this is a national phenomenon—there are fewer and fewer younger men and women being willing to sign up for this most important part of the profession. Why? They have gotten the message also that the farther you go up, the farther away from children you go, along with a whole range of others.

Now, I am not here—unless somebody flatly disagrees with those statements—that sort of sets the stage. You see, I think our school system fails probably 80 percent of its children, not just your children or the children you represent, for very many of the same kinds of reasons. I have yet to see legislation that legislates flexibility or wisdom.

Now, the question that I would have is, what can we do in the Discretionary Programs that would—and I understand we need to have a strong training component, we need to have a strong transition component—but within the language and the regulatory structure of this Act, as it affects schools—when people say we have a little problem at the local level, I have to tell you, that is where children live and that is where teachers teach—so if you have got a problem at the local level, to me that is the only problem that matters, because all the rest of us sit around and talk all day, but they have got to deal with the issues.

So, if the question is the quality of learning life and the quality of working life in the schools, what can we do through these Discretionary Programs to try to influence or say to schools, we will cover for you, we will support you as you try to redefine what a most enabling environment is.

We will ask you to maybe define that. I am struggling for the language, but I don't think you are going to make schools do a better job. We need to help them build the capacity to do a better job. We have got to treat teachers like people.

Somehow I think we have got the right dream and we have got—not enough of it—but the right money, and we have got the right civil rights commitment, but we haven't done the thing we have got to do, which is trust schools, not to just do the right job willy nilly, but to trust them enough to work with them to develop the capacity to educate every child starting with the ones we are here to talk about today to their fullest capacity in the most enabling environment.

How can you do that, because I think if we frankly write another section in the bill, you know—what we are going to start doing—the process we are in right now as I understand it is, since it isn't working, everybody wants their piece, and I don't deny the need for the piece.

So we will parcel it out even more specifically, so that the teachers now need to know about seventy-two categories as opposed to only thirty-six. Somehow I think there might be another way to do it, and I am wondering if you are aware of any models, or why you think schools that are doing it well—why are they doing it well?

What is the quality of work like? What is the attitude in the schools where kids are being truly well served? How could we duplicate that working environment so that other people have it? How can we alter the language in this bill in the regulatory structure to encourage the working environment which is supportive and maximizes teachers, because then we will maximize, I believe, children's potential.

We have got to do both. We can't have one without the other, unless children and teachers are different from everybody else.

Mr. FORNESS. Congressman, I completely agree with your assessment of that situation. I think one of the issues that we can address under Discretionary Programs that I think each of us has talked about is the area of teacher training.

On your next panel Mr. Bill Carriker will address this issue and, I think, will address it much more eloquently than I can.

In regard to—just using as an example—children with serious emotional disturbance, the training of teachers is problematic in a variety of ways.

First of all, just in recruitment and retention—as I said, in our area in particular we have a high dropout rate of teachers, we have trouble recruiting minority teachers and so forth.

Mr. Carriker, I think, will talk a little bit, I would imagine, this morning about the issues of recruiting teachers and grants and so forth and ways to do that.

I think the problem is that, when you talk about local level, you talk about not just local schools, you talk about Mr. Johnson or Ms. Green in that particular special education classroom as well as Mr. Johnson or Ms. Black in the regular classroom, and I think we have a certain amount of knowledge about the way to train teachers.

We have a certain amount of knowledge about how teachers in special education should reach out, you know, to regular teachers, training resource specialists and so forth to identify children, for example, with serious emotional disturbance before their problems become worse.

We do have ways to identify these children early on, so that by the time we get them in special education we don't have two or three problems instead of just the problem of the child in that particular category.

I think the issue is also one of training people in related services as support teachers at the local level. Teachers—particularly teachers of serious emotional disturbance—but teachers of, you know, children with brain injury and so forth cannot do the job in isolation.

I think it starts with early identification and reaching out to other agencies and having other agencies aware of what services are in the schools and at that local level in the hundred and twenty-fourth street elementary school having those particular teachers, regular and special education teachers and the school building principal and the school psychologist, knowing about the agencies in their local neighborhood and reaching out and making cooperative partnerships.

A lot of those are done not just on the basis of interagency agreements, but on the basis of just well-trained people who know they can't do the job alone, who know they have to reach out to other folks.

I think not only strengthening the teacher training as well as the related services, but training in interdisciplinary efforts, to know what other people in other agencies are doing, what they need to do and so forth, those are some of the issues that can be done.

I would like to defer to Mr. Carriker to mention some of the other ideas that he has.

Ms. MALONEY. My turn?

Mr. SMITH. I suspect you take your turn when you like.

Ms. MALONEY. Well, you know, because I am a parent, any time I get in a spot like this I say, what would I do? If any other parent had this chance, what would they say? When I speak, I sort of feel I am saying what parents have said to me.

You know, the big thing that bothers me is that I am a half-time secretary in a local high school, in a regular high school. I get a little annoyed sometimes when I hear about the poor special education—not that I don't love them—the poor special educators who have all this paper work and no other teachers have paper work.

Believe me, paper work is the gripe of all teachers and regular teachers, believe me, at the high school level with a hundred students, they have paper work up to here and what they gripe about is having to call parents when junior is absent three times and they have to take the time to call the parent, to write the parent, and that is just as onerous as modifying an IEP and in some ways less frustrating.

So first I would like to say that special educators aren't the only ones who have to spend a lot of time doing paper work which is not relevant to direct services.

I think your question about how do we improve it—again, we all have our bugaboos. I think if we can teach parents that it is important to work with school systems instead of against them—that part of the responsibility, in addition to advocating for good special education for their kids, you have to advocate for good education for all kids.

Special ed can't be any better than regular ed, so that if we want our children to be included or considered as part of regular kids, we have to fight for regular education.

That means teaching parents that they have got to bite the bullet and go and advocate for increased funding at the state and the local level, because they are the taxpayers. That is where most of the money for education comes from.

Again, I think that should be part of the parent training, that they have got to realize that, in addition to individual advocacy you need systems advocacy.

Then, the other question that you asked about—there are good programs all over the place. You know what happens—somebody has a good model program that is super, it works, and then it collects dust someplace.

That question was brought up before and I thought, hey, listen, with computers and data bases and all, why not set up a clearinghouse on good model programs?

I am not sure that that would be all that expensive with today's technology, so that someone could call it and it could be automated.

Mr. SMITH. Let me just interrupt for a second to tell you that I think we have done that up and down and across the board in education and it hasn't worked, because my point goes to a deeper question.

Until the working environment is enabling to the point where the teacher wants to look at data, they aren't going to, because what creates excellence is the working environment, and what we do is export the rational model and then we wonder why the rational model doesn't work in another place where the working environment isn't conducive to it.

Ms. MALONEY. You are absolutely right. When you look at successful schools, the key to successful schools is parent participation, parent support, because nobody goes into teaching because they make a lot of money, let's face it. They go into teaching because they want to do good. They want to help people, but they get awfully discouraged when they keep hearing all the time how rotten they are and how they are not doing their job.

Part of this—perhaps what you are saying is that we need to change the atmosphere and say, hey, education, you are doing well, let's do better.

Mr. SMITH. Mr. McDonald?

Mr. McDONALD. Not everyone may agree, but I think the system really is working—maybe not as well as it could. There are always ways of improving, but if you compare what we have now with what we had twenty years ago, there is a very big difference.

We have to be doing some things right. I think the key to that is the teachers. If you have specially trained teachers it makes a big difference. A very good teacher in the worst placement is better than a lousy teacher in the best placement, and if you have the training programs for the teachers your program is going to grow no matter what happens.

Just to give an example, in the area of deaf-blindness, I believe I was the eighth deaf-blind person to graduate from college in 1967. This year alone there are about sixty deaf-blind people at Gallaudet University alone.

We had to do something right to get there.

Ms. DICKMAN. I would like to make a remark.

Mr. SMITH. I know I asked a big question, but try to do it shortly. I am sensitive that the chairman has got some other things he wants to get done here?

Ms. DICKMAN. Surely. Next time I'll pass the microphone to me.

I would like to make just three or four statements, and that is that I think we need to provide greater incentives, not necessarily monetary incentives, but recognition type incentives for teachers.

We are always happy to say "you do a lousy job." In almost every aspect of life we rarely say, "hey, you did a great job."

My organization every two years at its convention recognizes mainstream teachers who have been particularly effective in working with hearing-impaired children. That helps. That gives them incentive, I believe.

Secondly, I think we need to use summers well by providing enticements, encouragements and financial support for teachers to go and learn more information to help them be better teachers. We need to provide the equipment that is needed in many areas of special education.

Finally, I think we must recognize that, no matter what we do, not every child can be educated within the context of a nonspecialized situation, and therefore we need to remember always to make provision for those situations, as well.

Thank you.

Chairman **Owens**. Mr. Ballenger?

Mr. **Ballenger**. Thank you. Mr. Chairman, I am sorry I was late and I missed all the statements and I know your time is short, so I will pass to the next panel.

Chairman **Owens**. I want to again thank all of the panelists and assure you that we would appreciate any further information that you might want to submit. The record will be kept open for another ten days. All of your recommendations will be taken under consideration as we move forward with this reauthorization process. Thank you.

Our next panel will consist of Mr. William Carriker, Professor of Special Education of the Curry School of Education, University of Virginia; Mr. Michael Morris, United Cerebral Palsy Association, Washington, D.C.; Ms. Maude Chater, President of the UCP of Vermont; Mr. James B. Gardner, Senior Vice-President of the Association for Retarded Citizens, U.S.; and Mr. Fred Orelove, the Association of the Severely Handicapped, Virginia Commonwealth University.

Mr. Carriker, will you begin?

STATEMENT OF MR. WILLIAM CARRIKER, PROFESSOR OF SPECIAL EDUCATION OF THE CURRY SCHOOL OF EDUCATION, UNIVERSITY OF VIRGINIA

Mr. **Carriker**. Mr. Chairman and members of the subcommittee. I am Bill Carriker, Professor at the Curry School of Education at the University of Virginia.

For thirty-eight years I have been involved in special education at the local, state and national level, and over thirty of these years in the preparation of personnel to provide special and related services to children with handicaps.

I have been asked by seven organizations comprised of professional associations, institutions of higher education and state and local education agencies to convey our deep concern over the status of professional manpower in the fields of special education and related services.

Our statement on the cover page lists the seven organizations that I have just referred to.

This nation really has a serious shortage of qualified education, special education and related services professionals. Projections of both student and professional demographic data indicate that over the coming years the shortages will reach crisis proportion and seriously impede the ability to provide students with handicaps the special education and related services they are guaranteed under federal law.

Now, we base our conclusions on the following. These are some of the highlights from our statement.

There was a shortage of over 27,000 special educators in the school year 1985-86, which represents 8.6 percent of the total number of special education teachers needed. This shortage has been growing at about 1 percent per year and even one of our own organizations in the coalition has generally agreed that the shortage is under-reported by states and thus may under-represent the magnitude of the problem.

The shortage will dramatically increase in the coming decade because of a projected 4 percent increase in the school-age population and an anticipated increase in the rate of retirement among special education teachers.

While we do not have data on the numbers of teachers of minority groups in special education, we know they are significantly under-represented among all employed teachers and that the representation is declining.

It is projected that by 1990 minority teachers will only comprise 5 percent of the teaching force. In addition, the shortfall of special education teachers is greater than in any other area of education other than bilingual education.

There has been a 35 percent decline in the past seven years in the number of persons getting degrees in special education. The capacity of colleges and universities to prepare special educators appears to be diminishing.

There is a significant increase in the number of faculty retiring while at the same time there is a decrease in the number of persons receiving doctoral degrees, resulting in an increased difficulty to fill faculty positions.

It is expected that this situation will dramatically increase in the coming decades as college and university faculty age out.

A similar condition exists for special education administrators and supervisors.

The statement which you have indicates the impact of the shortage on students with handicaps and the impact on educational systems. We would like, however, to emphasize a major point in the dilemma.

The reason for providing a student with a handicap special education and related services is to meet their needs for specially designed instruction that is unable to be met by regular educators.

Because of the mandate of Public Law 94-142, school districts are not able to withhold services because of lack of qualified personnel. As a result, they are forced to employ unqualified personnel or require existing personnel to serve more and more children, and that in turn results in lots of children—and we have heard it this morning—placed in programs because the programs exist and not what they ought to have.

The number of uncertified personnel presently practicing is projected as high as 30 percent. The increasing demands on existing personnel contribute to teacher burnout, and as Mr. Forness indicated of the kinds of problems there, in that area the rate of burnout is higher than in any other area in special education—this burnout, and then of course the high level of attrition.

We recognize that the federal government cannot independently solve this problem. It must be a dependable partner, however, with institutions of higher education, state and local educational agencies and professional associations.

Almost twenty years before the passage of Public Law 94-142 the Congress recognized the need for a federal role in special education preparation. Federal resources and leadership helped to prepare several generations of special education personnel.

However, tremendous demands for personnel necessitated by Public Law 94-142 and Public Law 99-457 combined with a real reduction of federal resources for preparing such personnel and the lack of coherent federal policies and administration have contributed significantly to the present situation.

We still believe that it is critical for Congress to act now, but feel that there would be a chance of possibly reversing this trend. In this regard we have offered several proposals in our statement and here are just a few of the highlights.

One, there must be a significant increase in federal resources to support special education and related services personnel preparation. We propose an authorization of $150 million for Part D and request that the committee convey to the Appropriations Committee the importance of such funding.

Two, because it is imperative that the Department administer Part D in a collaborative manner with the field, we propose that the secretary be required to convene a panel of experts to advise the department on its role in personnel preparation and priorities for the allocation of Part D funds.

Three, states must maintain a mechanism for effectively projecting manpower needs and planning how to meet such needs. The comprehensive system of personnel development under Part B of VHA and the data requirements under Section 618 are inadequate in this regard. We propose strengthening these provisions and making technical assistance available to the states to do this.

Four, it is imperative that there also be activities to support recruiting persons into careers in special education and related services as well as retaining persons in the field. We propose expanding the authority under Section 632, Grants to States, to promote such activities. We also propose expanding the funding and functions of the National Clearinghouse for Professions in Special Education.

We strongly oppose the actions of the administration last year to remove the minority priority and affirmative action requirements from personnel preparation grants. Now, we do understand that the department has given indication in testimony that they wish to bring this back in, and we support it all the way.

We believe that these requirements were accepted by the field and made a difference in providing persons of minority groups with greater access to special education and related services professions.

For example, there are almost twice the percentage of students from minority groups in special education personnel preparation programs than in regular education. We certainly do urge Congress to restore these requirements.

Thank you for the opportunity to testify this morning and I look forward to working with you in any way possible.

Thank you very much.

[The prepared statement of William Carriker follows:]

A Free Appropriate Education: But Who Will Provide It

Statement of

American Speech-Language-Hearing Association
Council of Administrators of Special Education
The Council for Exceptional Children
Council of Graduate Programs in Communication Sciences and Disorders
Higher Education Consortium for Special Education
National Association of State Directors of Special Education
Teacher Education Division

To

The House Subcommittee on Select Education

Regarding

The Reauthorization of The Education of the Handicapped Act

April 4, 1989

Witness:

Dr. William Carriker
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A FREE APPROPRIATE EDUCATION: BUT WHO WILL PROVIDE IT?

This nation has a serious shortage of qualified special education and related services professionals. Projections of both student and professional demographic data indicate that over the coming years the shortages will reach crisis proportion and seriously impede the ability to provide students with handicaps the special education and related services they are guaranteed under Federal Law.

Because of this crisis the American Speech Language and Hearing Association (ASHA), the Council of Administrators of Special Education (CASE), The Council for Exceptional Children (CEC), the Council of Graduate Programs in Communication Sciences and Disorders (CGPCSD), the Higher Education Consortium for Special Education (HECSE), the National Association of State Directors of Special Education (NASDSE) and the Teacher Education Division (TED) have developed the following statement and recommendations:

Problem

The U.S. Department of Education reports that in school year 1985-86 there was a shortage of 27,474 special education teachers (U.S. Department of Education [USDE], 1988). The shortfall had increased by over 10,000 in just two years and is reflective of a long term trend.

Shortages* of Special Education Teachers and Related Services Personnel in the United States**

	1983-84	1984-85	1985-86
Special Educators			
Employed	247,791	274,519	291,954
Needed	17,103	22,852	27,474
Shortage	6.5%	7.7%	8.6%
Related Services Personnel			
Employed	226,505	226,021	229,872
Needed	17,504	8,114	13,712
Shortage	7.2%	3.5%	5.6%

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*Shortages express the reported needs as a percentage of the total number of teaching positions reported (i.e. the number of employed plus the number needed).

**Information taken from: Department of Education (1986-1988) Eighth, Ninth, and Tenth Annual Reports to Congress on the Implementation of The Education of the Handicapped Act.

Note: While the majority of data in this paper focus on special educators, similar shortages are projected for related services professionals.

As serious as the shortfall indicated in the U.S. Department of Education figures is, it may underrepresent the magnitude of the problem. For example, several states failed to report any personnel needs and reports from several others represent figures substantially inconsistent with other states (USDE, 1988). Furthermore, it may inadequately represent the number of persons practicing in special education who do not meet state standards, a figure reported to be 30 percent nationally.

Projected increases in the school age population suggest that there will be an increase in the number of students requiring the assistance of special education professionals (National Center for Education Statistics, 1988, April & July), while at the same time a significant cohort of the special education professionals will be retiring. A major aging out of persons in leadership positions including university faculty (Smith & Lovett, 1987; Smith, Pierce, & Keyes, 1988), administrators, and supervisors will take place within 10 years to be followed by a similar exodus of direct service personnel over the next 20 years. The problem is further exacerbated by the large numbers of special education professionals who, annually, leave the profession for reasons other than retirement.

The Florida Education Standards Commission (1987) has noted that:

> In 1980, 12.5 percent of the U.S. teaching force in public elementary and secondary schools were members of a minority group. Since minorities comprised 21.3 percent of the national population, they were clearly under-represented among employed teachers. All trends indicate that, rather than growing in representation, minority teachers, especially blacks, are diminishing in number and as a proportion of all public school teachers. Indeed, projections are that, unless interventions reverse the trend, by 1990 the teaching force will be barely 5 percent minority, while fully one-third of the students in public schools will be minority children.

A recent study of undergraduate education programs found that minority students represented about 10 percent of the students preparing for careers in elementary or secondary education, while 20 percent of the students preparing for careers in special education were members of minority groups (American Association of Colleges of Teacher Education, 1988). While these data are encouraging, they still fall far short of the need.

Our nation's ability to prepare teachers and other specialists in college and university training programs is seriously impeded because of the declining production of leadership personnel. There has been a decrease in the number of doctoral degrees in special education awarded over the past decade (Bowen, 1988; Sindelar & Taylor, in press) and it is anticipated that a substantial percentage of faculty in special education will be retiring in the not too distant future.

There has been a continuing decline over the past decade in special educators graduating from personnel preparation programs. The National Center for Education Statistics reports a 35 percent decline of such graduates within the decade (Clearinghouse for Professions in Special Education, 1988). Data indicate that while there are serious problems in the number of persons being prepared for careers in education overall, the shortfall in special education is of substantially greater magnitude than in any other area other than bilingual education (Akin, 1988).

Finally, it is important to note that this is a long term trend that is common across all specializations within the profession whether they be by disability or by job role (USDE, 1988). The problem is of a national scope that leaves no region of the country unaffected (Akin, 1988).

Implications

Because of the lack of qualified special education professionals, school districts are increasingly having to employ strategies that seriously undermine the capacity of the nation to guarantee the provision of a free appropriate public education to children with handicaps:

- Employing persons to fill special education positions with little or no preparation who do not meet state or professionally recognized standards.
- Increasing class size and case loads beyond the capability of professionals to provide appropriate education.
- Constraining placement and programmatic decisions to meet available personnel resources rather than child needs.

We believe that unless this trend is reversed, there will be a major deterioration of both the availability and quality of special education for our nation's children with handicaps. This, we fear, will result in many of the following consequences:

- An increase in the number of persons with handicaps without the appropriate knowledge and skills to function effectively and contribute to an increasingly complex society.
- An increase in the number of students with handicaps who will drop out of school before graduation.
- An increase in the demand for, and cost to society for social services to care for individuals with disabilities.
- An increase in the pressures on families to deal with the developmental and educational needs of their children with disabilities.

- An increase in the demands on regular educators to meet the needs of a broader range of learning problems in their classrooms.
- An increase in the legal problems that school districts will face in trying to meet mandated requirements for special education services.
- An increase in the fragmentation of services and resources.

Recommendations

It is our belief that it is not too late to solve this problem; but to do so will require a coordinated significant effort on the part of professional associations, state and local education agencies, colleges and universities, the federal government, and the private sector. In this regard, we have taken the first step by declaring the existence of a national emergency and describing the goals that we will jointly pursue.

1. There needs to be both an increase and improvement in the financial support available to students pursuing careers in special education both at the entry and leadership levels. Student loan programs do not attract students into careers that offer limited financial remuneration.

2. A major coordinated campaign needs to be initiated to recruit persons for careers in special education, with particular attention given to ethnic populations and persons with disabilities. The campaign should be directed at high school students, other education professionals, and persons seeking career changes. The development of information and dissemination of products, media campaigns, active recruitment by special education professionals, and opportunities to work and interact with students with handicaps are some of the activities that should be undertaken.

3. Better data needs to be collected, analyzed, and disseminated regarding the special education and related services work force. Such data should include information about the characteristics of the present work force, projections of work force needs over a five year period, characteristics of persons leaving the work force, and the capacity and productivity of personnel preparation programs.

4. There needs to be a greater utilization of the special projects' authority and investment in developing better knowledge about how to prepare personnel and improving the curricula that are used in preparation programs.

5. All levels of government must exert greater responsibility to assure that persons employed to provide special education are qualified by virtue of their preparation to provide the specially designed

instruction and services required by law. The employment of unqualified personnel is both a disservice to the children who are placed with such personnel and masks shortage problems so that long term solutions are rarely utilized.

6. There is a need for institutions of higher education (IHE) that prepare special education personnel to be perceived and treated as part of the total system for providing a free appropriate public education (FAPE) to students with handicaps. Just as states have a responsibility to assure that local school districts and other agencies have the capacity to deliver FAPE, similar attention must be given to assure that IHEs have the capacity to prepare the qualified personnel needed.

7. Because wide diversity exists among personnel preparation programs and among the certification and licensure requirements of states, the ability of special educators to practice is restricted to selected states, thereby contributing to personnel shortages in other states. Responsible professionally recognized certification, licensure, and accreditation standards should be utilized by states and personnel preparation programs.

8. There is a need for an expanded effort to prepare special education leadership personnel, including persons from ethnic populations and persons with disabilities. Qualified administrators, researchers, teacher educators, and other leadership personnel are essential to the maintenance of the integrity and capacity of any field of endeavor. These professionals are vital to the infrastructure of special education and are generally prepared at the doctoral level. Such doctoral programs require stable federal support.

9. Greater attention needs to be given to examining the reasons for the high attrition rate of special education personnel and strategies developed and implemented to increase the retention rate.

10. In a field that is as dynamic as education of children with handicaps, there needs to be effective continuing education opportunities to assure that personnel are well prepared throughout their careers.

RECOMMENDATIONS FOR THE REAUTHORIZATION OF THE EDUCATION OF THE HANDICAPPED ACT

We propose the following amendments to The Education of the Handicapped Act (EHA) to assist in addressing the crisis in special education personnel preparation:

1. That the authorization for Part D of EHA be increased to $150 million for FY-90 and that priority be given to this Part in appropriations considerations.

2. That the Secretary be required to appoint and convene a panel of experts to advise the Department on an ongoing basis with respect to the Department's role in alleviating personnel shortages in special education and related services. Additionally,this panel should be convened yearly to advise the Department on priorities for the allocation of Part D funds.

3. That recruitment and preparation of minority students and special populations of students, including students with disabilities, be an established priority within all grant competitions issued under Part D and that the Secretary be required to reestablish the priority to prepare minority personnel.

4. That Section 631(a)(1)(A-E) be amended to read: (A) special education teaching, including speech-language pathology and audiology, and adaptive physical education; (B) related services to handicapped children and youth in educational settings; (C) special education and other careers in preschool and early intervention services for handicapped children; and (D) special education leadership, including supervision and administration (at the advanced graduate, doctoral, and post-doctoral levels) and special education research and special education personnel preparation (at the doctoral and post-doctoral levels).

5. That Section 613(a)(3) be amended to expand the Comprehensive System of Personnel Development (CSPD) to adequately address the basic manpower issues. We suggest strengthening CSPD in the following manner:

   A. Each state be required to: (a) develop a personnel preparation plan that identifies the need for special education and related services personnel; and (b) coordinate efforts among state and local education agencies and institutions of higher education to recruit, prepare, and retain qualified personnel. Progress made in implementing these plans should be reported annually.

   B. Each state should have a personnel data collection system including data on:

(1) Personnel employed and projections of personnel needed over the next five years.

(2) Personnel needed, including numbers of uncertified or unlicensed personnel.

(3) Personnel preparation programs in the state, including the numbers of students admitted to preservice programs and the numbers of students graduating with certification or licensure.

C. Data gathered through the personnel data collection system should be reported in the Annual Report to Congress and replace the data required to be reported under Section 618 (b)(6).

6. That the authority under Section 632, Grants to the States, be amended to include manpower planning and recruitment and retention activities. In this regard, we would support earmarking ten percent of the Part D appropriation for the purposes of Section 632.

7. That Section 631 (b) pertaining to special projects be amended to include authority to support recruitment and retention.

8. That the work scope of the Clearinghouse authorized under Section 633 (c) be expanded to include technical assistance to support: (a) personnel recruitment efforts by state and local education agencies and institutions of higher education; and (b) state efforts to carry out the purposes of the proposed Comprehensive System of Personnel Development. We support funding this Clearinghouse at a level which will ensure that it will be able to perform these and existing functions effectively. We also suggest that the authorization level for all three Clearinghouses be increased to $4.0 million.

9. That Part E of the Act pertaining to research be amended to include an authority for research on personnel preparation and continuing education.

REFERENCES

Akin, J.N. (1988). Teacher supply and demand: A recent survey. In 1988 ASCUS Annual (pp. 19-21). Addison, IL: Association for School, College, and University Staffing, Inc.

American Association of Colleges of Teacher Education. (1988). Teacher education pipeline: Schools, colleges, and departments of education enrollments by race and ethnicity. Washington, D.C.: Author.

Bowen, M.L. (1988). Leadership training in special education: A status analysis. Washington, D.C.: National Association of State Directors of Special Education.

Clearinghouse for Professions in Special Education. (1988, December). The decline in special education degrees conferred. Reston, VA; Author.

Florida Education Standards Commission. (1987). Minority teachers for Florida's classrooms: Meeting the challenge to the Governor, State Board of Education, and the Florida Legislature. Tallahassee, FL: Florida Department of Education.

National Center for Education Statistics. (1988, April). Targeted forecast. Washington, D.C.: U.S. Department of Education.

National Center for Education Statistics. (1988, July). Pocket projections. Washington, D.C.: U.S. Department of Education.

Sindelar, P.T., & Taylor, C. (1989, in press). Supply and demand for doctoral programs in special education and communications disorders. Teacher Education and Special Education, 11 (4).

Smith, D.C., & Lovett, D. (1987). The supply and demand of special education faculty members. Will the supply meet the demand? Teacher Education and Special Education, 10, 88-96.

Smith, D.D., Pierce, T.B., & Keyes, D.W. (1988, November). Leadership training in special education: Is there a shortage of special education doctoral personnel? Unpublished manuscript, University of New Mexico, Special Education Department, Albuquerque.

U.S. Department of Education. (1988). Tenth annual report to Congress on the implementation of The Education of the Handicapped Act. Washington, D.C.: Author.

Chairman OWENS. Thank you. Mr. Michael Morris.

STATEMENT OF MR. MICHAEL MORRIS, DIRECTOR, COMMUNITY SERVICES DIVISION, UNITED CEREBRAL PALSY ASSOCIATION

Mr. MORRIS. Good morning. My name is Michael Morris and I am currently Director of the Community Services Division of the United Cerebral Palsy Association.

As an attorney I have represented parents in due process hearings as well as in federal court in an effort to secure their child's right to a free and appropriate public education.

For twelve years I have been involved at both the state and national level in monitoring the implementation of the federal mandate for equal educational opportunity for all children with disabilities.

Since the passage of Public Law 94-142 in 1975, a right that has been one of the most controversial, important and misunderstood is the principle of least restrictive environment, a subject with which you have spent a great deal of time, both at your previous hearing and today.

Section 612 of the Act states that, to the maximum extent appropriate, handicapped children in public and private institutions or other care facilities are educated with children who are not handicapped and that special classes, separate schooling or other removal of handicapped children from the regular education environment occurs when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

The principle of least restrictive environment originated in federal court cases involving other issues, particularly racial desegregation.

With a landmark case of Brown v. Board of Education in 1954, Supreme Court Justice Warren stated, "The segregation of children in public schools solely on the basis of race, even though the physical facilities and other tangible factors may be equal, deprives children of the minority group of equal educational opportunities. We believe it does.... To separate them from others of similar age and qualifications solely because of their race generates a feeling of inferiority as to the status in the community that may affect their hearts and minds in a way very unlikely ever to be undone. We conclude, unanimously, that in the field of public education the doctrine of separate but equal has not place. Separate educational facilities are inherently unequal."

Prior to Public Law 94-142, children with a wide variety of disabilities were excluded from public school. Although the federal mandate adopted a zero reject policy, regardless of the nature of severity of disability, it also embraced the continuum concept for appropriate educational placements.

At the most restrictive end of the continuum, and considered legitimate placement, are institutions, hospitals, followed by separate schools for children with handicaps. Obviously at the opposite end of the spectrum to be considered for children across disabilities would be the least restrictive placement, placement in a regular classroom.

The continuum concept causes continued controversy and confusion. In an article, "Caught in the Continuum: A Critical Analysis of the Principle of the Least Restrictive Environment," Dr. Steven Taylor describes some of the significant problem areas.

First, the LRE principle legitimizes restrictive environments. Despite the presumption in favor of the least restrictive environment, the continuum concept implies that there are circumstances under which the most restrictive environment would be appropriate.

There is a related assumption that children with the most severe disabilities should be served in the most restrictive end of the continuum and those with the mildest disabilities would be at the least restrictive end.

Second, the LRE principle confuses segregation and integration on the one hand with intensity of services on the other. Many educators and families incorrectly assume that the least restrictive, most integrated settings are incapable of providing the intensive support services needed by children with severe disabilities.

That assumption is further reinforced when school districts offer families only related and support services as part of more restrictive placements.

Third, the LRE principle directs the focus of attention to physical settings rather than to services and supports people need to be integrated in the community.

The history of design of services for persons with disabilities in this country emphasizes facilities that are specialized rather than the provision of services and supports that would enable individuals with disabilities to participate in the same settings used by other people.

There remains no evidence to suggest that segregated schooling for the full range of educational activities provides any better learning environment. What is lost in segregated settings is the opportunity for disabled children to model behavior of nondisabled children and the opportunity for children with disabilities to learn about interaction with their nondisabled peers.

Only the opportunity for multiple interactions for children with and without disabilities can provide the learning environment to challenge attitudes, stereotypes and behavior.

The intent is that through school integration students with and without disabilities will learn to live together as adults, as future neighbors, as employers and as friends.

Often the justification by school administrators for separate programs is based on an economy of scale rationale. However, separate facilities tend to include a duplication of administrative services and programs in addition to extra capital costs.

There is also the additional travel time, as was discussed by the witnesses on the previous panel, for students traveling to one site as opposed to multiply dispersed sites, and a lack of access to volunteer assistance of nondisabled students.

The LRE principle finally is also based on a readiness model. There is an implied assumption that children must be prepared to get ready to go to school in integrated settings. Most restrictive placements do not prepare students for least restrictive placements. Few students ever move through the continuum and, I think, as was mentioned by the previous witness in terms of an individual with traumatic brain injury, once labeled by category, often a child stays in that focus group and continues throughout the years of special education.

As new service options have developed, as attitudes have changed, as educational strategies have improved, public policy must focus on how to support the growth of integrated educational opportunities for all children with disabilities.

Placement in a regular classroom does not guarantee a good education. Successful integration as a part of quality education programs requires the building in of needed related services and supports.

A good program is individualized. A good program provides the specialized services a student needs. As we look at this period now ahead for this subcommittee, a time of both reflection on the basic Part B as well as the reauthorization of the discretionary parts of the Act, it is a time to reaffirm the commitments to integrated educational opportunities for children across a range of disabilities, across severity of disabilities.

I would recommend a focus on building system capacity to improve and expand integrated educational opportunities.

One, authorize the funding of a minimum of one parent training and information center per state to offer families an opportunity to learn about best practices in integrated educational opportunities. Improved awareness of what is possible can assist parents in their decision making about appropriate educational programs.

Two, amend Section 621 of the Act to authorize the funding of a national clearinghouse of information on best practices and integrated educational opportunities. This federal center should also be allowed to assist local and state educational agencies in developing, identifying and replicating successful programs and practices which will improve integrated educational opportunities for children across type and severity of disability.

Three, require all personnel preparation grants to include curriculum content that builds competency in working with regular educators to facilitate interaction between students with and without disabilities. All personnel training grants must require that the students with disabilities served and the personnel that are trained are trained in regular education environments or settings for at least part of their core program.

Four, authorize under Section 661 system capacity building grants to improve the provision of technology-related assistance to students across disabilities in regular education settings. As this committee well knows, technology can bring about access and dramatically open up opportunities for interaction between students with and without disabilities.

In conclusion, based on the comments that were made earlier, ultimately the question to be asked is, what is the purpose of special education? What is the purpose of all education? It is preparation for adulthood. It is preparation for living independently, for working. It is preparation for developing self concept, self worth.

If we continue to talk around the issues of integration or least restrictive environment, if we pretend they are not critical to and a basic core part of the Act, then we are ignoring the basic prejudices, stereotypes, attitudinal problems that face people with disabilities in this world today and across America.

I think that the three critical components of the Act, parents as partners in decision making, the IEP, the educational program based upon individual needs and the LRE principle promoting maximum opportunities for integration must be the issues that really weave a thread through your look at discretionary programs.

Each of the parts of the Discretionary Programs must look at ways we build system capacity, we develop informed choice for parents and we promote awareness about what occurs when children across disabilities, across severity of disability have an opportunity to interact with their non- handicapped peers.

Thank you.

[The prepared statement of Michael Morris follows:]

STATEMENT

RESPECTFULLY SUBMITTED

TO THE

UNITED STATES HOUSE OF REPRESENTATIVES

EDUCATION AND LABOR COMMITTEE

SELECT EDUCATION SUBCOMMITTEE
ON REAUTHORIZATION OF EDUCATION FOR ALL HANDICAPPED
CHILDREN'S ACT

April 4, 1989

PRESENTED BY
MICHAEL MORRIS
DIRECTOR
COMMUNITY SERVICES DIVISION

My name is Michael Morris. I am the director of the Community Services Division of United Cerebral Palsy Associations. As an attorney, I have represented parents in due process hearings and in federal court in an effort to secure their child's right to a free appropriate public education. For 12 years first at a state and then at a national level, I have monitored the implementation of the federal mandate for equal educational opportunity for all children with disabilities.

Since the passage of P.L. 94-142, the Education for All Handicapped Children Act in 1975, the right that has been one of the most controversial, important and misunderstood is the principle of the "least restrictive environment." Section 612 of the Act states:

> " To the maximum extent appropriate, handicapped children in public and private institutions or other care facilities, are educated with children who are not handicapped, and that special classes, separate schooling, or other removal of handicapped children from the regular education environment occurs when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily..."

Least restrictive means that the state must do things in a manner that least intrudes upon individual rights. The basis for the principle originated in federal court cases involving other issues: racial desegregation. In 1954, in Brown v. Board of Education Supreme Court Justice Earl Warren stated:

> Does segregation of children in public schools solely on the basis of race, even though the physical facilities and other tangible factors may be equal, deprive children of the minority group of equal educational opportunities? We believe it does... To separate them from others of similar age and qualifications solely because of their race generates a feeling of inferiority as to the status in the community that may affect their hearts and minds in a way very unlikely ever to be undone. We conclude, unanimously, that in the field of public education the doctrine of separate but equal has no place. Separate educational facilities are inherently unequal.

Prior to P.L. 94-142 children with a wide variety of disabilities were excluded from public school. Although the federal mandate adopted a zero reject policy regardless of the nature of severity of disability it also embraced the continuum concept for appropriate educational placements. At the most restrictive end of the continuum to be considered are institutions and hospitals, followed by separate schools for children with handicaps. At the opposite end of the spectrum to be considered least restrictive would be placement in regular classes.

The continuum concept as the guiding principle for the selection of educational placements for a child with a disability creates problems for families, educators, and administrators. In his article, "Caught in the Continuum: A Critical Analysis of the

Principle of the Least Restrictive Environment," Dr. Steven Taylor describes some of the significant problem areas:

1) The LRE principle legitimizes restrictive environments. Despite the presumption in favor of the least restrictive environments, the continuum concept implies there are circumstances under which the most restrictive environment would be appropriate.

   There is a related assumption that children with the most severe disabilities should be served in the most restrictive end of the continuum and those with the mildest disabilities would be at the least restrictive end.

2) The LRE principle confuses segregation and integration on the one hand with intensity of services on the other. Many educators and families incorrectly assume that the least restrictive most integrated settings are incapable of providing the intensive support services needed by children with severe disabilities. That assumption is reinforced when school districts provide related and support services only as a part of more restrictive placements.

3) The LRE principle directs the focus of attention to physical settings rather than to services and supports people need to be integrated in the community. The history of design of services for persons with disabilities in this country emphasizes facilities that are

specialized rather than the provision of services and supports that would enable individuals with disabilities to participate in the same settings used by other people. There remains no evidence to suggest that segregated schooling for the full range of education activities provides any better learning environment. What is lost in segregated settings is the opportunity for disabled children to model behavior of nondisabled children and the opportunity for children with disabilites to learn about interaction with their nondisabled peers. Only the opportunities for multiple interaction for children with and without disabilities can provide the learning environment to challenge attitudes, stereotypes, and behavior. The intent is that through school integration students with and without disabilities will learn to live together as adults, as neighbors, as employers, and as friends.

Often the justification by school administrators for separate programs is based on an economy of scale rationale. However separate facilities tend to include a duplication of administrative services and programs in addition to the extra capital costs. There is also the additional travel time for students to one site as opposed to multiple dispersed sites and a lack of access to volunteer assistance of non-disabled students.

Based on his experiences with integrated educational opportunities in Madison, Wisconsin, Dr. Lou Brown in 1983 explained that any developmentally meaningful skill, attitude, or experience that can be developed or offered in a segregated school can also be developed or offered in a chronological age appropriate regular school.

4) The LRE principle is based on a readiness model. There is an implied assumption that a child must be prepared or get ready to go to school in integrated settings. Most restrictive placements do not prepare students for least restrictive placements. Few students ever move through the continuum.

As new service options have developed, as attitudes have changed, as educational strategies have improved, public policy must focus on how to support the growth of integrated educational opportunities for all children with disabilites. Placement in a regular classroom does not guarantee a good education for students with disabilities. Successful integration as part of a quality education program requires the building of needed related services and supports. A good program is individualized. A good program provides the specialized services a student needs.

In Purposely Integration, Inherently Equal, Bicklen, Lehr, Searl, and Taylor provide an instructive list of what integrated educational opportunity does and does not include:

Integration DOES mean:

1. Educating all children with disabilities in regular school settings regardless of the degree or severity of their disabling condition(s).
2. Providing special services within the regular schools.
3. Supporting regular teachers and administrators.
4. Having students with disabilities follow the same schedules as non-disabled students.
5. Involving students with disabilities in as many academic classes and extracurricular activities as possible, including art, music, gym, field trips, assemblies, and graduation exercises.
6. Arranging for students with disabilities to use the school cafeteria, library, playground, and other facilities along with non-disabled students.
7. Encouraging friendships and social relationships between non-disabled and disabled students.
8. Arranging for students with disabilities to receive their education and job training in regular community environment when appropriate.
9. Teaching *all* children to understand and accept human differences.
10. Placing children with disabilities in the same schools they would attend if they did not have disabilities.

11. Providing an appropriate individualized educational program.

Integration does NOT mean:

1. "Dumping" students with disabilities into regular programs without preparation or supports.
2. Locating special education classes in separate wings at a regular school.
3. Grouping students with a wide range of disabilities and needs in the same program.
4. Ignoring children's individual needs.
5. Exposing children to unnecessary hazards or risks.
6. Placing unreasonable demands on teachers and administrators.
7. Ignoring parents' concerns.
8. Isolating students with disabilites in regular schools.
9. Placing older students with disabilites at schools for younger children or other age-inappropriate settings.
10. Maintaining separate schedules for students in special education and regular education.

As this subcommittee considers reauthorization of the discretionary parts of the P.L. 94-142 I would recommend a focus on building system capacity to improve and expand integrated educational opportunities:

1) Authorize the funding of a minimum of one Parent Training and Information Center per state to offer families an opportunity to learn about best practices in integrated educational opportunities. Improved awareness of what's possible can assist parents in their decision making about appropriate educational programs.
2) Amend section 621 of the Act to authorize the funding of a National Clearinghouse of information on best practices in integrated educational opportunity. The Federal Center should also assist local and state educational agencies in developing, identifying and replicating successful programs and practices which will improve integrated educational opportunities for children across type and severity of disability.
3) Require all personnel preparation grants to include curriculum content that builds competencies in working with regular educators to facilitate interaction between students with and without disabilities. All personnel training grants must require that the students with disabilities served and personnel are trained in regular education environments or settings.
4) Authorize under Section 661 system capacity building grants that improve the provision of technology related assistance to students across disabilities in regular education settings. Technology can break down barriers

of access and dramatically open up opportunities for interaction between students with and without disabilities.

Chairman **Owens**. Thank you.

To introduce our next witness I yield to my colleague, Mr. Smith.

Mr. **Smith**. Thank you, Mr. Chairman. It is not that there are not a lot of people in Vermont. Of course, there aren't, but when we have one who I know personally and who, in my mind, exemplifies a lot of the values that we have heard talked about in the first panel and, I suspect, will be talked about in this panel in terms of dealing with some of the disabilities of her own child, getting involved in the school system, getting involved in public advocacy, getting involved with UCP in Vermont, Maude Chater really is an example of what it is we are hoping parents and school systems will become and be like in this country.

I just want to have a chance to welcome her here personally and to say that we are glad to have you with us today, Maude.

STATEMENT OF MS. MAUDE CHATER, PRESIDENT, U.C.P. OF VERMONT

Ms. **Chater**. Good morning. I am Maude Chater. I have a five-year-old son. I have brought his picture today. This is Ben. He has cerebral palsy. He is a very bright child but he is also very physically disabled. He uses a powered wheelchair for mobility and he has very little use of his hands.

Like most five-year-olds he has a lot to say, but right now only those people who know him well can really understand his colorful stories. We are considering augmenting his speech with a communication device.

I am here today to testify on behalf of the United Cerebral Palsy Associations. I currently serve as the president of the Vermont affiliate.

United Cerebral Palsy at the local, state and national level has worked very closely with education agencies to insure that children who have cerebral palsy are provided with a free, appropriate education that gives them the skills they need to work and live independently after they complete their education.

Cerebral palsy is a multihandicapping condition that can result in a wide spectrum of physical and cognitive impairments. For many children with severe disabilities, assistive technology services are a key factor in the provision of an effective education.

The provision of these devices and services must be an integral part of a child's individual education plan. Parents across the country have reported that their children with cerebral palsy are often segregated from a normal school situation, are often not given access to assistive technologies, devices and services, and their children's IEP is often developed to meet the administrative needs of their school district and not the needs of the child.

Fortunately, Ben's school situation has been exceptional. His early intervention services began when he was diagnosed at the age of six months. At the age of two we bought him his first computer and at the age of four he took it with him to preschool.

Of course, that meant training the staff and being available to answer their questions. Ben used his computer to learn about shapes and colors and perform prereading tasks and to play games with other preschoolers. He is now attending public kindergarten and uses his computer in the same way that other children use their pencils and crayons.

The computer has provided Ben the means to participate in his classroom activities and has provided common ground for Ben and his classmates to work and play and develop friendships.

A year before Ben entered kindergarten a team was assembled to plan for his transition. The team included my husband and I, Ben's tutor, staff from his early intervention program, staff from his preschool, the principal, the teacher, the special ed. coordinator from the elementary school and his therapist.

We quickly realized that no one on the team had much experience or training in the area of assistive technology services, particularly in computer-assisted learning, and Ben's ability to benefit from an education and to interact with his schoolmates depended on the use of his computer.

The team responded to these concerns by contracting with an expert in the area of assistive technology services, especially the use of computers in mainstream classrooms. It was the consultant's responsibility to assess Ben's abilities and to recommend specific equipment, train his classroom teacher and tutor in the integration of the computer in the classroom and to see to its ongoing maintenance.

This was and continues to be a difficult process when the consultant lives in another state and has a full schedule. Whenever there is a problem I am available to help, because without my intervention Ben would be sitting idle, waiting until a time could be scheduled for the consultant to come back to Vermont.

The program our team set up for Ben was one of the most complicated ever done in our school, but it has worked out very well. Ben now uses his computer to write stories, play games with the other children and develop basic math and reading skills. Without his computer Ben would be a passive observer, unable to participate as the other children in his other class do.

Ben also receives physical therapy, speech therapy and occupational therapy after the rest of the kids have gone home. The related services are paid for in part by our school system and in part by insurance.

I am told that the amount of related services he receives and the way in which they are financed is unique. Often children who are just as physically disabled as Ben and who might be cognitively disabled, as well, receive as little as two hours of related services a week.

Without the use of assistive technology services Ben would not be able to benefit from his educational program. Our family has been lucky that our state and local school system have been willing and able so far to meet Ben's special needs.

Unfortunately, this is not true for many families with children who would benefit from assistive technology services. Furthermore, even our experience demonstrates that teachers, therapists and special educators need information on how to integrate the use of assistive technology devices like Ben's computer into the classroom and into educational curricula.

On behalf of parents like us, children like Ben and the UCP associations, I strongly encourage this committee to incorporate the following recommendations in this year's reauthorization of the Education for All Handicapped Children Act.

A detailed description of UCP's recommendations is attached to my testimony. Due to the time I have left to testify, I just want to stress several vitally important issues: clarification that a free appropriate education includes assistive technology services for those children who need it; amendment of the Personnel Preparation Discretionary Programs to provide funds for training of professionals in the areas of assessment and provision of assistive technology services; authorization of demonstration projects and model programs that will further develop methods for integrating assistive technology services into the classroom; authorization of the provision of technical assistance to states as they build their own capacity to provide assistive technology services.

UCP would like to commend the efforts of this committee and its leadership in passing the technology related Assistance for Individuals with Disabilities Act of 1988. This historic legislation will assist selected states in the development of statewide systems which we hope will result in more individuals gaining access through assistive technology services.

We now look to this committee for this year's reauthorization of EHA to further build the capacity of state departments of education to provide assistive technology services to children like Ben who need them in order to benefit from an individualized appropriate educational program.

Thank you very much.

[The prepared statement of Maude Chater follows:]

STATEMENT

RESPECTFULLY SUBMITTED

TO THE

UNITED STATES HOUSE OF REPRESENTATIVES

EDUCATION AND LABOR COMMITTEE

SELECT EDUCATION SUBCOMMITTEE
ON REAUTHORIZATION EDUCATION FOR ALL HANDICAPPED
CHILDREN'S ACT

April 4, 1989

PRESENTED BY
MAUDE CHATER
UCP OF VERMONT

ON BEHALF OF
UNITED CEREBRAL PALSY ASSOCIATIONS, INC.

Accompanied by
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UCPA Governmental
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Good morning! My name is Maude Chater. I have a five year old son Ben, who has cerebral palsy. He is very bright, but he is also very physically challenged. He uses a powered wheelchair for mobility and has very limited use of his hands. Like most bright five year old's, he talks a blue streak. However, at this time, only people who know him well are able to understand his colorful stories. My husband Mike and I are hopeful that his speech will continue to improve but, we are also considering augmenting his speech with a communication device.

I am here today to testify on behalf of United Cerebral Palsy Associations, Inc. I currently serve as the President of United Cerebral Palsy's Vermont affiliate. UCP is a private, non-profit National agency with close to 200 affiliates across the country whose mission is to meet the needs of persons with cerebral palsy, and similar disabilities, and their families. United Cerebral Palsy at the local, State, and National level has worked closely with education agencies to ensure that children who have cerebral palsy are provided with a free appropriate education that gives them the skills they need work and live independently after they complete their education. For many children with severe disabilities, assistive technology services must be a necessary part of a child's evaluation for special education and related services. It is necessary that the provision of assistive technology devices and services be an integral part of that child's individual education plan (or IEP).

Cerebral Palsy is a multi-handicapping condition that is the result of injury to the brain of a developing fetus, newborn child or young child. The injury can result in a wide spectrum of physical impairments, including motor, sensory, speech, language, and learning problems. Cerebral Palsy is a condition that persists throughout a person's life. Although it is not progressive or curable, its effects are ameliorated through appropriate intervention, therapy, special education, and vocational rehabilitation and training. Assistive technology devices and services are often a key factor in the effective provision of these services.

Parents across the country as well as in the State of Vermont have told me and our National Office, that their children with cerebral palsy:

* are often segregated from a normal school situation, not given the opportunity to interact with non-disabled children, regardless of their ability to benefit from it;

* are often not given access to assistive technology devices and services;

* Public Law 94.142 requires a child's IEP to respond to educational and related service needs. Unfortunately, for many parents and their child, the IEP is often developed to meet the administrative needs of their school district and is therefore not reflective of the education and related service needs of their child.

Fortunately, for my family, Ben's school situation is not like this at all, but unfortunately, it is the extreme exception that "proves" the rule. Ben's early intervention services began when he was born. At the age of two, we bought him his first computer which he used to learn the concepts of cause and effect, using off-the-shelf software. At the age of three when Ben entered a model integrated preschool program at Vermont College, we made arrangements to bring his computer with him. Of course that meant training the staff and being around the classroom a lot in order to answer questions the staff had on how to use Ben's computer. Ben used the computer to learn his shapes and colors, perform pre-reading tasks, and to play games with other preschoolers. He is now attending kindergarten at our neighborhood school and uses his computer in the same way that other children use their hands and arms. He is the only child with a disability in his classroom.

A year before Ben entered kindergarten a team was assembled to begin to plan for Ben's transition. The team included Ben's parents, his tutor/aide who we were employing, staff from his early intervention program, the principal and teacher of our neighborhood school, our special education coordinator, the related service personnel who would be working with him, and the school's handyman, who be needed to make classroom accommodations. Although I had confidence in the team I quickly realized that no one on the team, except for myself and our tutor, who I had taught, had experience or training in the area of assistive technology services, particularly in computer-assisted learning. I was very concerned because I knew that Ben's ability to benefit from an education and to interact with his schoolmates depended on the use of his computer. The team responded to these concerns by contracting with a consultant from the Commonwealth of Massachusetts who is an expert in the area of assistive technology services. It was the consultant's responsibility to assess Ben in the area of assistive technology services, to recommend specific assistive technology, train his classroom teacher in the computer's use and see to its ongoing maintenance. This can be a little difficult when your consultant lives in another state five hours away. Thank goodness for my own computer expertise! Whenever Ben's computer went down or there was a problem with the peripherals he uses, or each time a question came up about his software, I would be available to problem solve, without my intervention Ben would be sitting idle -- waiting until a time could be scheduled for the consultant to travel to Vermont.

The program the team arranged for Ben has worked out very well. Ben is in school every day from nine to two and my husband and I continue to subsidize his tutor/aide who has been with him since he was two. Ben uses his computer to write stories, play games with the other children, and develop basic math skills. Without his computer, Ben would only be a passive observer, unable to participate like the other children in his class. Ben also receives physical therapy, speech therapy and occupational therapy in the afternoon for two hours, after the rest of the kids from his class have gone home. The related services are paid for in part by the school system, by the State's Crippled Children's Fund and by our insurance. I am told that the amount of related services he receives and the way in which these services are creatively financed is unique. Often children who are as physically disabled as Ben and who also might be mentally retarded receive only two hours of related services a week.

Without the use of assistive technology services, Ben would not be able to benefit from his educational program. Our family is very lucky that our local and State school system were willing and able to meet Ben's special needs for assistive technology. Unfortunately, as I stated earlier, this is often not true for many, many, families with children whose ability to benefit from special education and related services is dependent on their receiving assistive technology services. Furthermore, even our experience demonstrates that teachers, special education and related services personnel are not adequately trained in the assessment or provision of assistive technology services, nor do they know where to get information on assistive technology services and devices. More research and demonstration projects need to be funded to help teachers, parents, and children learn how to integrate the use of assistive technology devices, like Ben's computer, into classrooms and into educational curricula.

On behalf of parents like me, children like Ben, and the United Cerebral Palsy Associations, I strongly encourage this Committee to incorporate the following recommendations in this year's re-authorization of the Education for All Handicapped

Children Act. A detailed list of United Cerebral Palsy Association's recommendations are attached to my testimony. Due to the time I have left to testify, I just want to stress several vitally important issues:

* Clarify as Part B of the Act to ensure that a free and appropriate education under EHA includes assistive technology services for children who need it as part of their individualized educational plan;

* Amend the following sections of the discretionary programs:

1) Section 621- Regional Resource and Federal Centers

Add report language which directs the Regional Resource Centers (RRC) to assist States to build the capacity to provide assistive technology services to students who need them to benefit from special education and related services. It would also be beneficial for the RRC's to assist states in developing, identifying and replicating successful programs and practices that will improve the delivery of assistive technology services--especially programs and practices which work jointly with other state agencies and community-based organizations in the provision and payment of assistive technology services.

Add report language which directs the Federal Resource Center to establish a priority to provide technical assistance to states to help them build their capacity to provide assistive technology services to students.

REASON: Over the last few years, a number of RRC's have provided States with information on assistive technology. One example is the Conference the Great Lakes Regional Resource Center organized in Chicago in the Spring of 1978 on augmentative communication. The proceedings from that conference are now considered a cornerstone document in the provision of augmentative communication. It is hoped that adding the recommended report language will result in the Regional and Federal Resource Centers expanding their involvement in the area of assistive technology services.

2) Section-623: Early Education for Handicapped Children

Add Section 623(a)(6) to promote the use of assistive technology services to see that children are given opportunities to interact with their non-disabled peers and increase their educational opportunities.

REASON: Several federally funded projects in Illinois, Ohio, California, and Pennsylvania have proven the effectiveness of using assistive technology in early intervention programs for young children with disabilities. Children receiving assistive technology services are better able to communicate with their family and friends, and to learn and develop at a faster rate. By adding this section the provision of assistive technology services to pre-schoolers will be expanded.

3) SECTION 624 PROGRAMS FOR SEVERELY HANDICAPPED CHILDREN

ADD-Section 624(a)(2) on use of assistive technologies.

REASON: The use of assistive technology services for many children with severe disabilities can open educational opportunities which allow them to fully benefit from appropriate special education and related services. For the last few years, much discussion has taken place on the importance of educating individuals with severe disabilities in classrooms with their non-disabled peers. But many children cannot be integrated without the use of assistive technology services. Therefore, it is very important that discretionary funds provide opportunities for exploring ways to use assistive technology which will not only allow children with severe disabilities to benefit from special education and related services, but also will allow them to interact with their non disabled peers.

4) SECTION 626 SECONDARY EDUCATION AND TRANSITIONAL SERVICES FOR THE HANDICAPPED YOUTH

ADD-Section 626.(f) The Secretary, as appropriate, shall coordinate programs described under Subsection (a) with projects developed under Section 311 of the Rehabilitation Act of 1973. The Secretary shall fund one or more demonstration models designed to provide assistive technology devices and services to secondary school students as they transition to vocational rehabilitation, employment, post-secondary education, or adult services. Such demonstration models shall include, as appropriate (1) cooperative agreements with the Rehabilitation Services Administration and/or state vocational rehabilitation agencies which insure continuity of funding for assistive technology devices and services to such students; (2) methods for dissemination of exemplary practices which can be adapted or adopted by transitional programs for secondary school students with disabilities.

REASON: The transition years for young adults with special needs from school to work is a very critical time. Some very good programs have resulted from Section 626 projects. However, the programming is limited and in need of expansion. CCD recommends that the Committee expand the current capacity of the Department for provision of transitional services.

5) PART D-TRAINING PERSONNEL FOR THE EDUCATION OF THE HANDICAPPED

Section 631- Grants for Personnel Training

ADD (A) after adaptive physical education, assistive technology services.

ADD (F) training of special education and related service personnel and other personnel providing special education services in the provision and utilization of assistive technology services.

REASON: In-service and preservice training is needed to meet the current demand for information, evaluation, and delivery of assistive technology services in educational settings. Developing training programs in this area will help address the critical shortage of qualified personnel that poses a major barrier to service delivery.

Section 631(b) **change** the words after demonstrate new approaches (including the application of new technology) to; (assistive technology)

REASON: The reference to new technology in the current law should be changed to focus instead on assistive technology in general. Because there are large gaps in personnel training on current best practice, the emphasis should be placed on all, rather than new, technology.

6) PART E- RESEARCH IN THE EDUCATION OF THE HANDICAPPED

Section 641-Research and Demonstration Projects on Education of Handicapped Children

Section 641(a) (1) **change** the word devices to and techniques which incorporate the use of assistive technology services.

REASON: It is the feeling of many special education personnel and individuals in the field of assistive technology services that currently there needs to be much greater emphasis on the integration of existing assistive technology rather than on the development of new devices or technology. We also suggest this change so that there will be consistency of language in this law around the use of assistive technology devices and services.

Section 661. The Secretary may make grants or enter into contracts or cooperative agreements with institutions of higher education, State and local educational agencies, community-based organizations or other appropriate agencies and organizations for the purpose of advancing the use of (delete "new") assistive technology, media and materials in the education of handicapped students and the provision of early intervention to handicapped infants and toddlers. In carrying out this subsection, the

Secretary may fund projects or centers for the purposes of -- (1) determining how assistive technology, media and materials are being used in the education of the handicapped and how they can be used more effectively; (2) designing and adapting (delete "new") assistive technology, media and materials to improve the education of handicapped students, (3) assisting the public and private sectors in the development and marketing of (delete "new") assistive technology, media and materials for the education of the handicapped, and (4) disseminating information on the availability and use of (delete "new") assistive technology, media and materials for the education of the handicapped.

REASON: The use of assistive technology is still in the early stages of development and has not been fully utilized in the education of students with disabilities. There is a lack of understanding on the range of assistive devices - both "high technology" and "low technology" - currently available, and of the potential for these devices to provide access to a free and appropriate education. There is also a growing demand from schools administrators, special education and related services personnel, students and families for information on available assistive technology devices, model service delivery programs and exemplary practices.

There is a need to study gaps in the provision of assistive technology devices and services in programs under EHA. There is a critical need for programs that promote the application of existing assistive technology, address current barriers that impede the delivery of assistive technology services, and identify methods for evaluating the effectiveness of assistive technology devices and services in providing educational benefits to students with disabilities.

United Cerebral Palsy Associations, Inc. would like to commend this Committee for its leadership in passing the Technology Related Assistance Act for Individuals with Disabilities Act of 1988 (PL 100.407) This important legislation will assist selected States in the development of a state-wide system of assistive technology services. We now look to this Committee for this year's reauthorization of EHA to further build the capacity of state Departments of Education to provide assistive technology services to children who need them in order to benefit from an appropriate educational program.

Chairman OWENS. Thank you. Mr. Gardner.

STATEMENT OF MR. JAMES B. GARDNER, SENIOR VICE-PRESIDENT, ASSOCIATION FOR RETARDED CITIZENS OF THE UNITED STATES

Mr. GARDNER. Mr. Chairman, my name is James B. Gardner of Shreveport, Louisiana. I am presently serving as Senior Vice-President of the Association for Retarded Citizens of the United States, on whose board I have served for the past six years.

We are an organization of 160,000 members, the majority of which are parents and persons with mental retardation in almost 1,300 chapters throughout forty-seven states and the District of Columbia.

I am Past President of the Louisiana state chapter and the Caddo-Bossier chapter. My wife, Sally, who is originally from Dallas, Texas, and I have two children, Kelly and Jay.

Parent members of the ARC were a driving force in passage of Public Law 94-142 in 1975, and we continue today at the local, state and national levels to closely monitor its implementation. I am pleased to represent them today as we strive to improve and expand the various components of the Education of the Handicapped Act.

Before I share with you ARC's views on the reauthorization of EHA, I would like to tell you a little bit about our daughter, Kelly. A little over fifteen years ago our daughter Kelly was born with congenital hydrocephalus. These big words describe a condition of overproduction of spinal fluid in the brain, causing pressure and permanent damage.

After two years and a dozen brain surgeries, she survived with mental retardation in the severe and profound range and was labeled multiply handicapped about the time Congress passed Public Law 94-142.

Notwithstanding my legal degree and my wife's education degree, we were ill equipped to handle the multitude of obstacles without the assistance of the Infant Intervention Program at our local ARC and later the special education classes with the supporting therapies funded pursuant to this body's enactment of this all-important legislation.

Because of the mandates contained in this legislation, my daughter with our constant advocacy has moved from a segregated special school campus to a special education class on the main hallway of a regular middle school in Shreveport.

Here she receives not only those services formally received in special school, but more important she has benefited from the contacts with her nonhandicapped peers, to the benefit of both.

The door has now been opened for opportunities to participate in some regular classroom activities and even extracurricular activities. With our continued advocacy, my wife and I see this legislation as the launching pad for increased interaction by our daughter with both her handicapped and nonhandicapped peers in the local community.

We envision during the next seven years the development of vocational training with a view toward transition to competitive employment and increased opportunities for her independence as a young adult—all of this provided the Congress continues its support through maintenance and improvement of this legislation in a comprehensive manner.

The ARC is greatly concerned about the gradual but very significant reduction of children served in special education labeled "mentally retarded."

During school year 1977-78, the first year the U.S. Office of Education reported on Public Law 94-142 implementation, nearly 945,000 of the 2.47 million children served in special education were labeled as mentally retarded. Mental retardation thus constituted almost 40 percent of the entire special education population.

In every year since then the school population labeled as mentally retarded has shrunk. The latest Department of Education statistics covering the 1986-87 school year reports 664,000 special education students classified as mentally retarded, representing 15 percent of the entire special education population.

To our knowledge of the Department of Education has never seriously studied the reasons for the reduction of almost 300,000 students diagnosed as mentally retarded despite an almost doubling of the entire special education population in the past ten years.

There are certainly some public policy implications. While the ARC and others have several theories about the overall reduction of special education students labeled as mentally retarded, we believe the Department of Education should place a priority on studying the issue.

We urge this subcommittee and the Congress to charge the Department to conduct such a study in your reauthorization of EHA.

In addition to the decline of the percentage of special education students with mental retardation, the ARC is also concerned with the very large discrepancy between states as to the numbers of children labeled as mentally retarded.

For example, the state of New York with a state population of nearly 18 million people serves approximately 28,000 students with mental retardation, while the state of Alabama with a population of less than 4 million identifies over 31,000 students with mental retardation, and we have provided a table that has the statistics in it.

These statistics indicate a huge difference in labeling children as mentally retarded. Again, we are not aware of any U.S. Office of Special Education programs response. We urge the Congress to require the Department to study this situation, as well.

Transition: Over 200,000 special education students left special education in the last school year. Of those, over 50,000, or 25 percent of those children and young adults, were labeled as mentally retarded.

National statistics and my own personal observation indicate that many of these students graduate, age out, drop out or otherwise exit our nation's special education programs into nothing.

Mr. Bartlett, in connection with your mentioning the 80 percent figure in your area, I talked to the people in the Caddo-Bossier area, and they contact families one year after the child exits the education system. They found that way more than half of these children were sitting at home looking at television, doing nothing.

So I think, while the exact percentage may—we may not know exactly, the percentages are way too high to be acceptable.

I mean that the children are forced into days and months of idleness at home because they have no other place to go. They don't qualify or can't get into higher education, job training, vocational rehabilitation or jobs.

After a decade or more of special education, a huge investment by government, the family and the child, it is criminal to allow such young adults to languish in their homes, robbed of an opportunity to become more independent and self-sufficient.

Not only are persons with mental retardation and other disabilities hurt by the lack of opportunities, so is society punished by the loss of productivity by these individuals.

Section 626 of Part C of EHA, which funds transition projects, is one of the major avenues to address this program, yet this program is currently funded at just over $7 million. Frankly, this simply is not enough money.

Investing billions of dollars in special education each year without appropriate transition activities to real work and further training is a terrible waste of fiscal resources. It is also a terrible waste of valuable human resources.

The ARC strongly urges the Congress to significantly increase the authorization level for Section 626, Transition Services, in Part C of EHA.

Separate schools: The ARC has an objective, the elimination of segregated educational facilities. We believe that optimal growth and development for children with mental retardation is best achieved in an integrated education setting, so that these children can interact with their nonhandicapped peers.

Recent U.S. Department of Education statistics and a new study by Dr. Tom Bellamy, Director of the U.S. Office of Special Education programs, indicate huge variations among states in the use of separate facilities to serve children with handicaps. We have provided tables with that information.

For example, Maryland educates a whopping 48.4 percent of students with mental retardation in separate facilities. Six other states, Delaware, Florida, Michigan, Minnesota, Nevada, New York and the District of Columbia, educate more than 25 percent of their special education students with mental retardation in separate facilities. Thirty-three states educate less than 10 percent of their students with mental retardation in separate facilities.

Despite these huge variations in the use of separate facilities, no state has been found in violation of the least restrictive environment provision in Public Law 94-142.

Surely the development of a child's individualized education program, the IEP, which is the linchpin for the child's placement, will be vastly different in New Hampshire, which has no public educational facilities to serve children with mental retardation—no separates one, rather—rather than in Maryland, where half the children are placed in separate facilities.

The U.S. Department of Education has reported this situation to the Congress, yet neither body has framed a recommendation to review the situation.

Children with mental retardation are the special education population most likely to be affected by the use of separate facilities. It is very disheartening for parents to know that their federal government has not moved to attempt to correct this very serious variation in the use of separate facilities.

The ARC does not advocate a revision of Public Law 94-142 to solve this situation. It does, however, recommend, that the Congress give this issue its full attention. At the very least, a study of the policies and practices in those states who serve more than 25 percent of the special education students with mental retardation in separate facilities must be undertaken, possibly by the General Accounting Office, to ascertain the impact of such policies and practices on LRE.

The ARC is very hopeful that the Congress will address this issue in an expeditious manner.

Mr. Chairman, as you are aware, parents are supposed to play a significant role in the development of their child's individualized education program. Public Law 94-142 also gives parents due process rights.

As a parent of a special education student who is a lawyer, I can tell you that knowing and understanding our rights and responsibilities under the law is not a simple task. The vast majority of parents need information and assistance if they are to meaningfully participate in shaping their child's special education.

Part D of EHA contains a set-aside for parent training programs. These parent training centers have provided technical assistance and training to thousands of parents.

For many of these parents great improvements in their child's education was secured after learning about their rights under Public Law 94-142. Unfortunately, thousands of other parents never availed themselves of this important service because there is not parent training center in their state. There are presently nine states who have no such center.

The ARC strongly urges the Congress to increase the parent training component within Part D to allow each state to have at least one training center and to expand the current state centers and the national technical assistance activities.

Personnel development——

Chairman Owens. Mr. Gardner, could you use one minute to wrap it up?

Mr. Gardner. All right. According to the Department of Education's Tenth Annual Report to Congress on the implementation of the Education of the Handicapped Act, submitted to you last year, state education agencies reported needing over 5,000 additional teachers to serve children with mental retardation. This represents an almost 10 percent shortage to serve this particular disability group.

Other groups such as children who are deaf-blind or emotionally disturbed face even greater shortages. Further, states reported that the number of teachers serving students with mental retardation actually decreased from the previous year.

This is not good news for parents. We want qualified teachers and related services personnel to teach our children, and we don't think that is asking too much.

The ARC recommends that the Congress amend Part D, Personnel Preparation, to allow for institutions of higher education to provide inservice in addition to preservice teacher education. This change would allow for current regular education personnel to be trained to educate students with mental retardation and other disabilities.

This would be most helpful in fostering continued integration of students with mental retardation and other disabilities into regular classrooms. It would also tap a pool of trained personnel without investing four more years of higher education to obtain the certified instructor.

The ARC further urges the Congress to increase the Part D authorization level to expand all personnel developments under EHA.

We thank you for our opportunity to appear and testify before you today. I will be happy to answer any questions that come up later.

[The prepared statement of James B. Gardner follows:]

TESTIMONY
ON THE
REAUTHORIZATION
OF THE
EDUCATION OF THE HANDICAPPED ACT

SUBMITTED BY
THE ASSOCIATION FOR RETARDED CITIZENS OF THE UNITED STATES
BEFORE
THE HOUSE SELECT EDUCATION SUBCOMMITTEE
TUESDAY, APRIL 4, 1989

WITNESS:

JAMES B. GARDNER
SENIOR VICE PRESIDENT
ASSOCIATION FOR RETARDED
CITIZENS OF THE U.S.

Mr. Chairman, my name is James B. Gardner of Shreveport, Louisiana. I am presently serving as Senior Vice President of the Association for Retarded Citizens of the United States on whose board I have served for almost six years. We are an organization of 160,000 members, the majority of which are parents of persons with mental retardation, in almost 1,300 chapters throughout 47 states and the District of Columbia. I am a past president of the Louisiana State chapter in Caddo-Bossier. My wife, Sally, who is originally from Dallas, Texas, and I have two children, Kelly and Jay.

Parent members of the ARC were a driving force in the passage of P.L. 94-142 in 1975 and we continue today, at the local, state and national levels, to closely monitor its implementation. I am pleased to represent them today as we strive to improve and expand the various components of the Education of the Handicapped Act.

Millions of children with mental retardation have profited from the various discretionary programs under EHA and the guarantees of P.L. 94-142 over the past decade. The ARC of the United States has itself received two grants funded by EHA in the past five years as part of our exicting Bioengineering Program. One contract helped develop a computer-based instructional system to assess memory skills, while a recent grant funds a research project to design, develop and field test prototypes of microprocessor-based devices that use eye gaze as the access mode to allow people with severe cognitive and physical handicaps to exert control over their environment and to communicate with others. Through such research, the lives of persons with mental retardtion can be significantly enhanced. Many of our chapters are also involved in EHA programs, with some operating early intervention services under Part H, while others are involved in parent training activities at the regional, state and local levels funded under Part D.

The ARC, along with many other disability groups, is greatly heartened by the major advances made in early childhood education resulting from the passage of P.L. 99-457 in 1986. The preschool mandate for children three to five years old is about to be realized and thousands of preschoolers are today reaping the benefits of early education. Many states are already implementing the Part H Early Intervention Program. Again, thousands of infants and toddlers with disabilities and their families are being served under this new and very exciting program. It is crucial that the Congress continue to expand the funding base for these two vital programs so that all eligible children receive services. It is equally important that the related discretionary programs be modified to assist school systems and other provider agencies to provide quality early, education services. For example, as each state gears up to expand its early education system, many new teachers, related services personnel and other staff are needed to meet the demand. Training programs need to be expanded throughout the nation to meet this need.

Decrease in Students with Mental Retardation Served

The ARC is greatly concerned about the gradual but very significant reduction of children served in special education labelled as mentally retarded. During school year 1977-1978, the first year the U.S. Office of Education reported on P.L. 94-142 implementation, nearly 945,000 of the 2.47 million children served in special education were labelled as mentally retarded. Mental Retardation thus constituted almost 40 percent of the entire special education population. In every year since then, the school population labelled as mentally retarded has shrunk. The latest Department of Education statistics, covering the 1986-1987 school year, report 664,000 special education students classified as mentally retarded, representing 15 percent of the entire special education population. To our knowledge, the Department of Education has never seriously studied the reasons for the reduction of almost 300,000 students diagnosed as mentally retarded, despite an almost doubling of the entire special education population in the past 10 years. There are certainly some public policy implications here. While the ARC and others have several theories about the overall reduction of special education students labelled as mentally retarded, we believe the Department of Education should place a priority on studying the issue. We urge this Subcommittee and the Congress to charge the Department to conduct such a study in your reauthorization of EHA.

In addition to the decline of the percentage of special education students with mental retardation, the ARC is also concerned with the very large discrepancies between states as to the numbers of children labelled as mentally retarded. For example, the state of New York, with a state population of nearly 18 million people, serves approximately 28 thousand students with mental retardation, while the state of Alabama, with a population of less than four million, identifies over 31 thousand students with mental retardation (see Table 1). These statistics indicate a huge difference in labelling children as mentally retarded. Again, we are not aware of any U.S. Office of Special Education Programs response. We urge the Congress to require the Department to study this situation as well.

Transition Expansion

Over 200,000 special education students left special education in the last school year. Of those, over 50,000 or

25 percent of those children and young adults were labelled as mentally retarded. National statistics and my own personal observation indicate that many of these students graduate, age out, drop out or otherwise exit our nation's special education programs into nothing. I mean they are forced into days and months of idleness at home because they have no other place to go. They don't qualify or can't get into higher education, job training, vocational rehabilitation, or jobs.

After a decade or more of special education, a huge investment by government, the family and the child, it is criminal to allow such young adults to languish in their homes, robbed of an opportunity to become more independent and self-sufficient. Not only are persons with mental retardation and other disabilities hurt by the lack of opportunities, so is society punished by the loss of productivity from these individuals.

Section 626 of Part C of EHA, which funds Transition Projects, is one of the major avenues to address this problem. Yet this program is currently funded at just over $7 million. Frankly, that simply isn't enough. Investing billions of dollars in special education each year without appropriate transition activities to real work and further training is a terrible waste of fiscal resources. It is also a terrible waste of valuable human resources. The ARC strongly urges the Congress to significantly increase the authorization level for Section 626 Transition Services in Part C of EHA.

Separate Schools

The ARC has as an objective the elimination of segregated educational facilities. We believe that optimal growth and development for children with mental retardation is best achieved in an integrated educational setting so that these children can interact with their non-handicapped peers. Recent U.S. Department of Education statistics and a new study by Dr. Tom Bellamy, Director of the U.S. Office of Special Education Programs, indicate huge variations among states in the use of separate facilities to serve children with handicaps (see Tables 2 and 3). For example, Maryland educates a whopping 48.4 percent of students with mental retardation in separate facilities. Six other states (Delaware, Florida, Michigan, Minnesota, Nevada and New York) and the District of Columbia educate more than 25 percent of the special education students with mental retardation in separate facilities. Thirty-three states educate less than 10 percent of their students with mental retardation in separate facilities. Despite these huge variations in the use of separate facilities, no state has been found in violation of the least restrictive environment (LRE) provision in P.L. 94-142.

Surely the development of a child's Individualized Education Program (IEP), which is the lynchpin for the child's placement, will be vastly different in New Hampshire which has no separate public educational facilities to serve children with mental retardation than in Maryland where half the children are placed in such facilities. The U. S. Department of Education has reported this situation to the Congress, yet neither body has framed a recommendation to review this situation.

Children with mental retardation are the special education population most likely to be affected by the use of separate facilities. It is very disheartening for parents to know that their Federal Government has not moved to attempt to correct this very serious variation in the use of separate facilities. The ARC does not advocate a revision to P.L. 94-142 to solve this situation. It does, however, recommend that the Congress give this issue its full attention. At the very least, a study of the policies and practices in those states who serve more than 25 percent of its special education students with mental retardation in separate facilities must be undertaken, possibly by the General Accounting Office, to ascertain the impact of such policies and practices on LRE. The ARC is very hopeful the Congress will address this issue in an expeditious manner.

Parent Training

Mr. Chairman, as you are aware, parents are supposed to play a significant role in the development of their child's Individualized Education Program (IEP). P.L. 94-142 also gives parents due process rights. As a parent of a special education student who is a lawyer, I can tell you that knowing and understanding our rights and responsibilities under the law is not simple. The vast majority of parents need information and assistance if they are to meaningfully participate in shaping their child's special education. Part D of EHA contains a set-aside for parent training programs. These parent training centers have provided technical assistance and training to thousands of parents. For many of these parents, great improvements in their child's education was secured after learning about their rights under P.L. 94-142. Unfortunately, thousands of other parents never avail themselves of this important service because there is no parent training center in their state. There are presently nine states who have no such center. The ARC strongly urges the Congress to increase the parent training component within Part D to allow each state to have at least one training center and to expand the current state centers and the National Technical Assistance activities.

Personnel Development

According to the Department of Education's "Tenth Annual Report to Congress on the Implementation of the Education of the Handicapped Act" submitted to you last year, state education agencies reported needing over 5,000 additional teachers to serve children with mental retardation. This represents an almost 10 percent shortage to serve this particular disability group. Other groups, such as children who are deaf/blind or are emotionally disturbed, faced even greater shortages. Further, states reported that the number of teachers serving students with mental retardation actually decreased from the previous year. This is not good news for parents. We want qualified teachers and related services personnel to teach our children. We don't think that's asking too much.

The ARC recommends the Congress amend Part D Personnel Preparation to allow for institutions of higher education to provide in-service, in addition to pre-service, teacher training. This change would allow for current regular education personnel to be trained to educate students with mental retardation and other disabilities. This would be most helpful in fostering continued integration of students with mental retardation and other disabilities into regular classrooms. It would also tap a pool of trained personnel without investing four or more years of higher education to obtain a certified instructor. The ARC further urges the Congress to increase the Part D authorization level to expand all Personnel Development programs under EHA.

CCD Recommendations

Finally, Mr. Chairman and Members of the Subcommittee, the ARC wishes to call your attention again to the more detailed recommendations developed by the Consortium for Citizens with Disabilities (CCD). The ARC and many other national disability organizations believe that further progress in special education is achievable if these recommendations are adopted. We urge your thorough review of these recommendations.

Thanks to the U.S. Congress, special education has come a long way in just over 10 years. My daughter Kelly and millions of her peers' lives are enriched daily from your advocacy. Yet, there are still huge gaps in services, significant teacher and related services personnel shortages, too much segregation and isolation from regular school experiences for many students with mental retardation. While the Federal Government can't solve all of these problems with more money, with stronger rules or more effective monitoring, the Federal Government has a crucial role to play. The ARC greatly appreciates the opportunity to appear before you today to share our views. We hope to be able to work closely with you as you proceed to reauthorize EHA. We are indebted to you for your interest and advocacy on behalf of my daughter Kelly and the more than four million other children in special education.

TABLE 1

TABLE BA1

NUMBER OF CHILDREN SERVED UNDER CHAPTER 1 OF ECIA (SOP) AND EHA-B
BY HANDICAPPING CONDITION

DURING SCHOOL YEAR 1986-1987

STATE	ALL CONDITIONS	LEARNING DISABLED	SPEECH IMPAIRED	MENTALLY RETARDED	EMOTIONALLY DISTURBED	HARD OF HEARING & DEAF	MULTI-HANDI-CAPPED	ORTHO-PEDICALLY IMPAIRED	OTHER HEALTH IMPAIRED	VISUALLY HANDI-CAPPED	DEAF-BLIND
ALABAMA	91,231	28,889	20,565	31,408	6,394	1,188	1,052	538	732	437	28
ALASKA	12,211	6,938	3,317	717	390	203	323	142	132	40	9
ARIZONA	53,219	27,984	12,072	5,332	3,951	1,039	1,310	565	531	427	2
ARKANSAS	48,222	22,930	9,376	13,302	478	637	611	320	312	244	14
CALIFORNIA	381,217	220,857	87,080	27,798	10,180	7,461	6,031	7,285	12,167	2,483	147
COLORADO	49,515	22,889	8,240	4,321	8,661	983	3,323	995	0	320	95
CONNECTICUT	64,750	29,490	13,282	4,833	13,186	850	1,280	384	1,123	321	23
DELAWARE	15,275	7,767	2,101	1,598	2,587	290	273	340	161	117	37
DISTRICT OF COLUMBIA	7,114	3,483	1,340	1,201	761	47	124	71	117	25	16
FLORIDA	181,001	79,063	57,090	20,615	20,733	1,815	0	2,401	2,093	805	80
GEORGIA	93,729	25,770	22,322	24,845	17,233	1,457	0	704	250	572	50
HAWAII	11,058	6,500	2,347	1,214	528	216	251	409	10	80	9
IDAHO	18,040	9,014	3,850	3,000	503	377	255	368	482	179	6
ILLINOIS	248,169	108,048	72,784	31,083	31,611	3,087	0	4,302	1,770	1,418	88
INDIANA	105,978	35,072	40,025	22,388	4,053	1,242	1,504	816	242	579	47
IOWA	58,205	22,089	12,950	11,937	6,240	851	715	1,162	3	233	45
KANSAS	42,373	16,000	12,365	6,227	4,383	723	603	604	281	249	42
KENTUCKY	73,711	21,650	20,435	19,148	2,853	820	1,401	554	357	404	11
LOUISIANA	73,852	31,611	21,231	11,876	3,718	1,506	1,108	1,027	1,140	463	34
MAINE	28,841	10,070	6,238	3,917	4,198	415	1,076	416	380	128	7
MARYLAND	90,294	49,927	24,241	6,300	3,804	1,151	2,777	625	782	525	72
MASSACHUSETTS	143,630	48,482	34,427	30,044	19,512	2,103	3,277	1,790	2,382	934	59
MICHIGAN	161,446	84,004	42,530	22,717	21,023	2,749	1,840	4,095	749	885	0
MINNESOTA	82,407	38,919	19,177	12,531	9,083	1,432	19	1,420	813	400	21
MISSISSIPPI	55,083	24,538	18,722	10,442	292	300	300	582	0	229	12
MISSOURI	90,092	41,950	29,865	16,718	6,180	895	639	744	394	310	77
MONTANA	15,369	7,536	4,027	1,328	678	273	376	149	191	184	29
NEBRASKA	38,171	12,040	8,034	4,091	2,263	572	547	712	0	184	0
NEVADA	14,743	8,151	3,233	1,013	1,000	169	677	138	212	63	1
NEW HAMPSHIRE	16,323	9,387	3,270	1,047	1,490	234	310	173	290	106	10
NEW JERSEY	172,018	75,879	50,353	7,713	14,667	1,411	11,874	718	700	591	40
NEW MEXICO	29,816	13,003	9,365	2,314	2,995	442	834	445	161	137	40
NEW YORK	292,981	152,400	37,009	28,400	40,113	4,733	12,743	3,329	4,341	1,720	53
NORTH CAROLINA	109,214	44,717	27,412	22,478	7,752	1,928	1,082	942	1,057	625	23
NORTH DAKOTA	12,279	5,251	4,100	1,752	469	164	0	225	133	78	21
OHIO	199,211	74,723	54,483	51,083	7,521	2,446	4,182	3,791	0	875	7
OKLAHOMA	65,285	20,060	20,644	11,728	1,287	837	1,730	423	248	301	43
OREGON	47,487	25,529	11,590	4,280	2,635	1,123	0	1,057	833	402	32
PENNSYLVANIA	203,258	76,852	50,430	42,405	18,000	3,441	20	1,953	0	1,467	12
PUERTO RICO	39,858	8,127	2,814	20,267	1,804	1,585	2,439	948	1,032	900	131
RHODE ISLAND	19,527	12,400	3,454	1,272	1,424	219	100	250	253	83	6
SOUTH CAROLINA	73,299	24,705	21,413	17,770	6,379	1,060	551	785	100	445	9
SOUTH DAKOTA	14,834	5,318	5,152	1,850	590	329	582	218	100	60	39
TENNESSEE	98,433	44,599	28,127	14,537	2,437	1,375	1,557	1,012	1,730	825	28
TEXAS	301,222	157,090	88,000	28,479	22,213	4,836	4,153	4,450	8,720	2,281	77
UTAH	42,811	15,968	8,847	3,025	10,856	731	1,604	340	453	272	27
VERMONT	11,405	4,319	3,572	2,034	590	190	165	123	137	59	7
VIRGINIA	103,727	47,317	29,299	14,528	7,733	1,304	1,592	601	400	767	10
WASHINGTON	70,282	34,257	15,611	8,753	3,364	1,504	2,090	1,290	2,462	905	46
WEST VIRGINIA	47,556	19,473	13,940	9,965	2,420	464	378	412	203	270	31
WISCONSIN	70,067	22,768	18,221	6,106	9,552	399	17,743	741	240	208	3
WYOMING	10,093	4,000	3,349	643	544	192	701	220	297	53	0
AMERICAN SAMOA	178	0	52	97	0	13	0	3	0	1	4
GUAM	1,052	734	201	600	41	32	90	31	10	6	6
NORTHERN MARIANAS	505	300	40	64	1	20	60	70	0	4	3
TRUST TERRITORIES	–	–	–	–	–	–	–	–	–	–	–
VIRGIN ISLANDS	124	0	20	40	12	1	23	2	0	3	11
BUR. OF INDIAN AFFAIRS	5,300	2,004	1,377	450	273	27	201	40	50	10	0
U.S. & INSULAR AREAS	4,421,001	1,926,097	1,140,422	664,424	384,680	66,761	99,416	58,328	52,650	27,049	1,766
50 STATES, D.C. & P.R.	4,413,498	1,922,181	1,138,728	663,060	384,353	66,660	98,905	58,173	52,580	27,025	1,740

THE FIGURES REPRESENT CHILDREN 0-20 YEARS OLD SERVED UNDER CHAPTER 1 OF ECIA (SOP) AND CHILDREN 3-21 YEARS OLD SERVED UNDER EHA-B.

DATA AS OF OCTOBER 1, 1987.

(T1A1A87B05)

TABLE 2

TABLE BC1

PERCENT OF CHILDREN 3 - 21 YEARS OLD SERVED IN DIFFERENT EDUCATIONAL ENVIRONMENTS
DURING SCHOOL YEAR 1985-1986

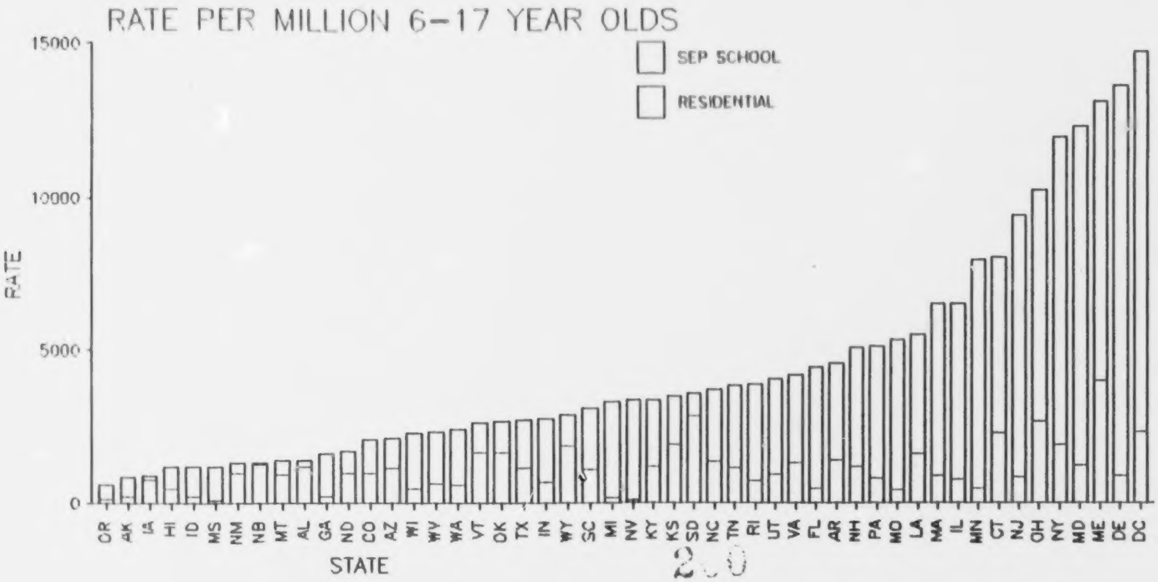
	MENTALLY RETARDED PERCENT								
STATE	REGULAR CLASSES	RESOURCE ROOM	SEPARATE CLASSES	PUBLIC SEPARATE FACILITY	PRIVATE SEPARATE FACILITY	PUBLIC RESIDENTIAL FACILITY	PRIVATE RESIDENTIAL FACILITY	CORRECTIONAL FACILITY	HOMEBOUND HOSPITAL ENVIRONMENT
ALABAMA	0.00	32.87	66.33	0.07	0.00	0.33	0.00	0.40	0.00
ALASKA	6.00	27.50	61.00	3.70	0.00	0.00	0.00	0.00	0.21
ARIZONA	0.00	21.57	73.83	1.04	3.44	0.02	0.07	0.02	0.00
ARKANSAS	7.38	50.27	27.67	2.16	0.00	2.90	0.04	0.23	0.20
CALIFORNIA	2.00	2.00	94.11	-	1.00	-	-	0.00	-
COLORADO	1.23	17.51	60.73	0.21	2.90	1.00	0.11	0.09	0.16
CONNECTICUT	0.40	8.52	62.50	14.21	2.90	2.43	1.00	0.35	0.70
DELAWARE	3.90	20.20	27.57	30.75	0.07	0.07	0.40	0.07	0.85
DISTRICT OF COLUMBIA	1.00	7.15	44.40	30.18	12.40	0.72	2.45	1.52	0.00
FLORIDA	1.17	6.52	61.94	25.00	2.30	0.50	0.20	1.50	0.70
GEORGIA	0.14	37.51	57.01	2.70	0.04	2.30	0.13	0.00	0.17
HAWAII	1.18	20.21	70.62	3.19	1.04	2.02	0.00	0.14	0.00
IDAHO	2.00	23.45	62.20	9.00	0.00	0.00	0.00	0.16	2.34
ILLINOIS	0.54	6.90	73.50	13.50	3.00	0.12	1.32	0.03	0.00
INDIANA	0.00	11.13	75.03	13.30	0.00	0.04	0.20	0.00	0.00
IOWA	0.34	21.42	76.45	-	0.23	1.15	-	-	0.41
KANSAS	3.32	10.40	77.00	5.72	0.76	1.53	0.00	0.07	0.23
KENTUCKY	5.10	51.11	30.54	5.62	0.04	0.97	0.04	0.02	0.50
LOUISIANA	6.03	11.62	51.41	21.20	1.74	0.00	0.04	0.43	1.41
MAINE	0.00	57.31	27.00	4.50	7.51	2.44	0.47	0.00	0.04
MARYLAND	3.00	11.00	31.00	40.43	2.72	1.07	0.00	0.20	0.30
MASSACHUSETTS	0.25	65.70	19.20	1.90	2.09	0.02	0.52	0.00	0.07
MICHIGAN	3.67	16.90	52.53	25.81	0.00	0.00	0.00	0.11	0.00
MINNESOTA	1.54	32.37	20.20	35.41	-	0.65	-	0.00	1.57
MISSISSIPPI	3.20	34.42	56.20	4.85	0.15	0.02	0.09	0.22	0.77
MISSOURI	0.20	26.29	50.07	12.00	1.91	1.00	-	0.22	0.19
MONTANA	0.42	17.41	63.62	3.00	0.00	0.64	0.00	0.14	0.00
NEBRASKA	16.01	70.76	7.30	0.20	0.02	1.14	4.12	0.30	0.00
NEVADA	1.52	26.05	35.00	36.37	0.00	0.00	0.10	0.00	0.10
NEW HAMPSHIRE	43.84	6.64	26.29	0.00	18.11	0.20	2.07	0.00	0.10
NEW JERSEY	1.05	3.55	62.54	15.20	9.34	7.51	0.33	0.24	0.10
NEW MEXICO	4.12	38.93	43.90	7.47	2.02	3.27	0.00	0.20	0.00
NEW YORK	0.20	6.81	56.09	27.05	0.42	1.42	1.21	0.52	0.22
NORTH CAROLINA	0.44	40.33	34.67	0.65	0.73	0.51	0.32	0.19	0.10
NORTH DAKOTA	4.02	15.00	70.57	3.79	0.00	3.79	0.23	0.00	1.70
OHIO	1.50	12.00	67.83	0.75	0.20	16.94	0.00	0.45	0.12
OKLAHOMA	7.92	43.15	41.50	2.64	0.02	4.42	0.01	0.01	0.27
OREGON	9.17	34.19	48.90	6.81	0.40	0.05	0.05	0.00	0.33
PENNSYLVANIA	1.54	17.05	63.99	10.87	4.40	0.81	0.05	0.16	0.45
PUERTO RICO	1.32	30.34	38.85	20.18	1.47	0.00	0.22	0.11	1.45
RHODE ISLAND	1.19	4.90	72.89	0.16	16.04	1.02	1.20	0.16	0.71
SOUTH CAROLINA	7.84	41.07	40.90	5.81	0.92	2.97	0.02	0.00	0.30
SOUTH DAKOTA	1.52	53.25	34.83	0.40	1.76	2.90	4.90	0.00	0.12
TENNESSEE	2.00	36.61	51.90	5.17	1.93	1.93	0.05	0.00	0.17
TEXAS	0.12	22.00	58.10	9.89	0.90	7.05	0.53	0.97	0.45
UTAH	4.06	19.90	60.15	8.55	0.00	0.00	0.00	0.00	1.36
VERMONT	24.34	24.99	47.39	0.00	0.20	0.00	1.02	0.00	1.90
VIRGINIA	1.67	17.61	69.78	8.06	0.30	1.76	0.20	0.25	0.31
WASHINGTON	0.02	15.65	62.31	9.43	2.55	1.30	0.00	0.70	0.03
WEST VIRGINIA	7.27	35.02	40.05	0.90	0.02	1.00	0.00	0.30	0.24
WISCONSIN	3.01	30.15	54.63	10.34	0.03	2.34	0.00	0.07	0.02
WYOMING	1.30	20.48	44.43	7.09	1.00	14.00	1.55	0.31	0.00
AMERICAN SAMOA	0.72	68.84	0.00	30.43	0.00	0.00	0.00	0.00	0.00
GUAM	11.75	16.42	58.73	12.95	0.00	0.00	0.15	0.00	0.00
NORTHERN MARIANAS	-	-	-	-	-	-	-	-	-
TRUST TERRITORIES	-	-	-	-	-	-	-	-	-
VIRGIN ISLANDS	-	-	-	-	-	-	-	-	-
BUR. OF INDIAN AFFAIRS	3.71	35.81	37.99	1.31	0.22	0.00	20.96	-	0.00
U.S. & INSULAR AREAS	2.92	25.33	55.90	10.13	1.90	2.78	0.35	0.27	0.41
50 STATES, D.C. & P.R.	2.91	25.32	55.92	10.13	1.91	2.79	0.34	0.27	0.41

DATA AS OF OCTOBER 1, 1987.

(T4A3)

TABLE 3

Placement Rate for Students with Handicaps in Separate Schools and Residential Facilities



Note: California did not report students in Separate School Facilities but included them with Separate Classes; therefore California is not on this figure.

Chairman **Owens**. Thank you. Mr. Orelove.

STATEMENT OF MR. FRED ORELOVE, ASSOCIATE PROFESSOR, DIVISION OF EDUCATIONAL SERVICES, VIRGINIA COMMONWEALTH UNIVERSITY

Mr. **Orelove**. Mr. Chairman and members of the subcommittee, on behalf of the Association for Persons with Severe Handicaps please let me thank you for the opportunity to appear before you this morning.

TASH is an organization of over 8,200 parents and professionals who advocate for the rights of individuals with severe and profound intellectual handicaps, and we are committed to a quality life in the mainstream of society for these individuals.

My name is Fred Orelove and I serve on the Special Education faculty at Virginia Commonwealth University, where I coordinate the program in Severe and Profound Handicaps. I am also the Director of several projects that provide services to individuals with severe handicaps and to their teachers and families. At least two of those projects receive discretionary funding through EHA.

In my brief time with you this morning I hope to accomplish two things. In part, I hope to respond to some of Mr. Smith's earlier questions through the bulk of this testimony and perhaps shed a little bit of light on that very expansive question.

First, I would like to respond to the request to discuss the Discretionary Programs in the Education of the Handicapped Act. I will address my remarks to those programs that the Association believes are most important to students with severe and profound handicapping conditions.

Second, also in response to your request, Mr. Chairman, I wish to discuss the importance of successful integrative placements for the present and future lives of children and youth with severe and profound handicaps.

With respect to the Discretionary Programs, although Parts C through G represent a very small percentage of the expenditures under EHA, the programs and services funded under this portion of the Act can be extremely—and I would like to emphasize extremely—important to the quality of educational services.

As a university faculty member I am keenly aware of the importance of research in supporting special education services. The Discretionary Programs are a major source of funding for this research, which has served to enhance the capabilities of children with even the most challenging disabilities.

Even the debate in our field over the definition of least restrictive environment is directly related to our advances in research and technology. We in TASH believe the reauthorization of these programs would support research and its dissemination to practitioners and it is an action that the subcommittee should, and I am sure will, take very seriously.

Mr. Chairman, certain programs within Parts C through G are especially important for students with severe and profound handicaps. TASH has endorsed the document presented to this subcommittee by the Education Task Force of the Consortium for Citizens with Disabilities that delineates many recommendations to you. We have also submitted our own set of recommendations, which I understand are already in your position.

Let me briefly highlight our major interest, which these documents address in detail. I would like to start with Part C, and specifically two sections, Section 622, Services for Deaf-Blind Children and Youth, and Section 624, Services for Severely Handicapped Children and Youth.

Both of these sections have allowed the development and implementation of many excellent projects directed toward state-of-the-art practices for students with severe disabilities.

As an example, through Section 622 TASH has collaborated with Western Oregon State College to develop a strong system of technical assistance to states for quality service delivery for children who are deaf-blind.

This type of federal program is very important and has resulted in vast improvements in service delivery for children who are deaf and blind. The funding has provided the opportunity to focus national resources and expertise on regional, state and local problems.

As a result of our experience with this grant, we have identified some changes that we feel are necessary in the current Section 622 provisions. These recommendations are discussed in detail in an attached recommendation document. I will not go over those again right here.

Let me caution you, please, about requests that this subcommittee might receive requesting requirement that this money be spent exclusively on children who are deaf-blind. We are concerned that such language without clarification could technically require the segregation of children who are deaf-blind.

I would like to move on to Part D. We in TASH believe that the success of educational services for students with disabilities lies in the hands of the teachers and related services personnel.

As Mr. Bartlett pointed out in his opening statement and Mr. Smith also reiterated later on, there is a decline in the number of college students entering special education. It is particularly troublesome in the area of severe handicaps, from my own personal observation.

Similarly, teachers in regular education often have little or no training or understanding of the needs of special students. With the move toward regular placements we must put resources into the training of regular education teachers. Part D is crucial to the solution and we cannot emphasize enough the importance of increasing the federal contribution to preservice and inservice training.

Finally, let me point out our recommendation to fund Part E, Section 641, research and demonstration projects for the development of solid systems of support in the regular classroom.

It is our belief that most schools, if carefully monitored, would be found out of compliance, if not with the letter of the law certainly with the spirit of the removal standard in Public Law 94-142.

Someone has spoken already eloquently this morning about the data that the Danielson and Bellamy study has shown.

For the most part, development of supplementary aids and services has been limited in the regular setting. With today's sophisticated technology and understanding of the skills of people with disabilities, special education should be viewed as one part of the whole and treated as the provision of supports necessary for the student to remain in his or her neighborhood school.

Let me turn once again to a discussion of LRE. This subcommittee heard approximately four weeks ago extensive testimony from individuals who were primarily supporting segregated programs for certain populations of children with disabilities.

TASH, along with some of the people that you have already heard this afternoon, takes a very different position, particularly for the children and youth for whom we advocate.

The law is very clear on regular school placements. The regular setting is the option of choice unless the child cannot function with proper supports in this environment.

In many states in the nation the majority of students with severe and profound handicaps are denied the right to attend their neighborhood schools. Most of these students, in fact, are in totally separate settings, with little or no opportunity to interact with their peers without disabilities.

Far too often children with the more challenging handicaps are actually placed away from home in residential settings. There is clear discrimination in this practice, and yet it continues in spite of what we know about the optimal placements for these children; that is, significantly increased developmental and learning skills are demonstrated when students with severe handicaps are successfully placed in settings with peers who are not handicapped.

Our hope for their future is different from our hope of years ago. We expect that individuals with severe and profound disabilities will live in the community. We expect that they will have a real job with necessary supports and we expect that they will enjoy those privileges to which they are entitled as citizens.

Students with severe handicaps are more prepared for this type of a future when they attend school in a normal and regular setting, and yet most school systems do not provide such an option.

When parents wish an integrated setting for their child, it is the parent who often must educate his or her school administrator and other personnel, and in many cases go through due process and court proceedings to secure the placement.

The law presumes a regular school placement and it has been documented that such placements are possible and meet with success. Still, many of our children continue to be segregated. Something in wrong in the implementation of this law.

Let me make clear that we do not advocate blanket integration, irrespective of the quality of services. In the context of the reauthorization of Parts C through G, we ask that more discretionary money be used to provide assistance to create the appropriate supports within the regular schools and to create strong preservice and inservice training programs enabling the successful integration of students with severe and profound handicaps.

We also ask that this subcommittee be ever mindful that there are large numbers of special education students who continue to be discriminated against under Public Law 94-142 and that we all take responsibility for the removal of those discriminatory practices.

Thank you very much.

[The prepared statement of Fred Orelove follows:]

TESTIMONY

REAUTHORIZATION OF THE EDUCATION OF THE HANDICAPPED ACT

SUBCOMMITTEE ON SELECT EDUCATION
UNITED STATES HOUSE OF REPRESENTATIVES

April 4, 1989

Submitted by:

Fred Orelove, Ph.D.
Associate Professor
Division of Educational Services
Virginia Commonwealth University

On behalf of:

THE ASSOCIATION FOR PERSONS WITH SEVERE HANDICAPS

Testimony by
Fred Orelove
before the
Subcommittee on Select Education
U. S. House of Representatives
on behalf of
The Association for Persons with Severe Handicaps

April 4, 1989

Mr. Chairman, members of the Subcommittee, on behalf of The Association for Persons with Severe Handicaps (TASH), please let me thank you for the opportunity to appear before you this morning. TASH is an organization of over 8,200 parents and professionals who advocate for the rights of individuals with severe and profound intellectual handicaps, and are committed to a quality life in the mainstream of society for individuals with these particular differences. Our express advocacy is for a system of supports that enable life in the mainstream, a right for all Americans.

My name is Dr. Fred Orelove, and I serve on the Special Education faculty at Virginia Commonwealth University, where I coordinate the program in Severe and Profound Handicaps. I am also the Director of several projects that provide services to individuals with severe handicaps and to their teachers and families.

In my brief time with you this morning, I hope to accomplish two things. First, in response to the request to discuss the discretionary programs in the Education of the Handicapped Act, I will address my remarks to those programs that TASH believes are most important to students with severe and profound handicapping conditions. Secondly, also in response to your request, Mr. Chairman, I wish to discuss the importance of successful, integrated placements for the present and future lives of children and youth with severe and profound handicaps.

With respect to the discretionary programs, although Parts C through G represent a very small percentage of the expenditures under EHA, the programs and services funded under this portion of the Act can be extremely, and I emphasize extremely, important to the quality of educational services.

As a university faculty member, I can very clearly state to you that research is an integral part of special education services. The discretionary programs are a major source of funding for this research. The great strides we have made in the education of children with even the most challenging handicaps in this country, in our understanding of the functional capabilities of students with special needs, and in our ability to provide educational and supportive services to enhance their capabilities is thanks to sophisticated research and development skills. Research, demonstrations, technical assistance, and training funds have resulted in educational and technological advances believed impossible not so many years ago.

Even the debate in our field over the definition of least restrictive environment is directly related to our research and technological advances. At the very heart of the discussions is a clear statement that we are moving forward based on our best understanding of our children and youth with handicaps. The system is struggling with growing pains that are leading toward a realignment of service delivery with the accepted best practices. We are able to move forward, struggling as we may be, because of our advancements in research and development.

We in TASH believe the reauthorization of these programs which support research and its dissemination to practitioners is an action that this Subcommittee should, and I am sure will, take very seriously.

Mr. Chairman, there are certain programs within Parts C through G that are especially important for students with severe and profound handicaps. TASH has endorsed the document presented to this Subcommittee by the Education Task Force of the Consortium for Citizens with Disabilities that delineates many recommendations to you. We have also submitted our own set of recommendations which I will leave with you for the record.

Let me briefly highlight our major interests, which these documents address in detail. I will start with Part C, specifically two sections: Section 622, Services for Deaf-Blind Children and Youth, and Section 624, Services for Severely Handicapped Children and Youth. The provisions in both of these sections have allowed the development and implementation of some very strong projects directed toward state-of-the-art services for students with severe disabilities. As an example, through Section 622 (Services for Deaf-Blind Children and Youth), TASH, in collaboration with Western Oregon State College, has developed a strong system of technical assistance to states for quality service delivery for children who are deaf-blind. Six geographic centers, encompassing all the United States and its territories, were established with Section 622 funds and are providing training and technical assistance in best practices to all programs serving children with deaf-blindness. This type of federal program is a very important educational tool, and has resulted in vast improvements in the service delivery for children who are deaf-blind. The funding has provided the opportunity to focus national resources and expertise on regional, state and local problems. Since the population of students with deaf-blindness is low incidence (5,400 in 1987-88), it has been extremely important to coordinate the national pool of information with the request for assistance made by each of the individual states.

As a result of our experience with this grant, we have identified some changes that we feel are necessary in the current Section 622 provisions. These recommendations are discussed in detail in the TASH recommendation document. In brief, they are: (a) removal of a current, unused authority for a deaf-blind center; this authority is unnecessary; (b) improvements in data collection about students with deaf-blindness; (c) stronger LRE criteria for grant applicants; and (d) an expansion of transitional services for this population. In addition, let me caution you against other requests that the Subcommittee might receive suggesting a .requirement that this money be spent exclusively on children who are deaf-blind. While such a requirement seems reasonable initially, further analysis suggests prudence. Were such a requirement to be structured so that others in a classroom cannot derive some benefit from the money, it would mean that children funded under Section 622 could be in the classroom only with others eligible for these funds. Or, in other words, such language without clarification could technically require the segregation of children who are deaf-blind. There is also an inherent danger in allowing this money to be spent on direct services. PL 94-142 and PL 89-313 are federal funds given to the states to offset the cost of direct services. This discretionary money should continue to be spent on parent and staff training, research, and the development of exemplary practices.

Another example of Part C expenditures are a number of statewide systems change grant projects. These Section 624 projects are designed to provide improved educational services more in line with exemplary practices.

Moving on to Part D, we in TASH believe that the success of educational services for students with disabilities lies in the hands of the teachers and related services personnel. Unfortunately, the field is experiencing a decline in the numbers of college students going into special education. Thus, we now have pool of professionals who will "age-out" of the profession with few potential replacements. It is also true that many teachers in special education settings are not trained to work with children with special needs. Likewise, teachers in the regular setting have little or no training or understanding of the needs of special students. With the move toward regular placements, we must put resources into the training of regular education teachers. Part D is crucial to the solutions, and we cannot emphasize enough the importance of increasing the federal contribution to preservice and inservice training. We also suggest that there be a stronger link between other discretionary grants and training programs.

Finally, let me point out our recommendation to fund Part E, Section 641, research and demonstration projects for the development of solid systems of supports in the regular classroom. It is our belief that most schools, if carefully monitored, would be found out of compliance, if not with the letter of the law certainly with the spirit of the removal standard in PL 94-142, that states "...removal of handicapped children from the regular education environment occurs only when the nature or severity of the handicap is such that education in the regular classes with the use of supplementary aids and services cannot be achieved satisfactorily."

For the most part, development of such supplementary aids and services has been limited in the regular setting. With today's sophisticated technology and understanding of the abilities of people with disabilities, special education should be viewed as one part the whole, and treated as the provision of supports necessary for the student to remain in the neighborhood school.

Turning once again to a discussion of LRE, this Subcommittee heard extensive testimony about four weeks ago from individuals who were primarily supporting segregated programs for certain populations of children with disabilities. TASH takes a very different position, particularly for the children and youth for whom we advocate. The law is very clear on regular school placements. The regular setting is the option of choice unless a child cannot function with proper supports in this environment. In many states in the nation, the majority of students with severe and profound handicaps are denied the right to attend their neighborhood schools. Most of these students are in totally separate settings, with little or no opportunity to interact with their peers without handicaps. Far too often, children with the more challenging handicaps are actually placed away from home in residential settings. There is clear discrimination in this practice. And yet it continues, in spite of what we know about the optimal placements for these children: significantly increased developmental and learning skills are demonstrated when a student with severe handicaps is successfully placed in a setting with peers who are not handicapped.

Our hope for their future is different from our hope of years ago. We expect that they will live in the community, we expect they will have a real job with the necessary supports, and we expect they will live as functional citizens. Students with severe handicaps are more prepared for this type of a future when they attend school in a normal setting. And yet, most school systems do not provide such an option. When parents wish an integrated setting for their children, it is the parents who often must educate their school administrators and other personnel and, in many cases, go through due process and court proceedings to secure the placements.

The law presumes a regular school placement. It has been documented that such placements are possible and meet with success. Still, many of our children continue to be segregated. Something is wrong in the implementation of this law.

Let me make it clear that we do not advocate blanket integration irrespective of the quality of services. In the context of the reauthorization of Parts C through G, we ask that more discretionary money be used to provide assistance to create the appropriate supports within the regular schools, and to create strong preservice and inservice training programs enabling the successful integration of students with severe and profound handicaps. We also ask that this Subcommittee be ever mindful that there are large numbers of special education students who continue to be discriminated against under PL 94-142, and that you take responsibility for the removal of these discriminatory practices.

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Chairman **Owens**. Thank you. Mr. Bartlett.

Mr. **Bartlett**. Thank you. I must say that I found the panel's testimony to be quite helpful in the preparation of this legislation and very detailed, and I know that other members of the subcommittee and the subcommittee staff will be going over the very specific recommendations.

Two questions. First, Mr. Carriker, I wonder if you could elaborate a bit on tripling the funding for Part D, for personnel preparation.

How many new special education teachers do we get for that?

Mr. **Carriker**. I will have to defer that one, because I am reporting from the total consortium and I do not have that data.

Fred Weintraub from CEC, who is my cohort here, may be able to respond to that if you so desire. I really can't respond to that.

Mr. **Bartlett**. With the chairman's permission, I want to keep the record open, and I will make it a two-part question.

One is, I think that you gave us some very good data on the problem of the shortage of special education teachers. The question is, how would this funding or increasing Part D funding address that problem?

Mr. **Carriker**. All right. I see it two ways.

Mr. **Bartlett**. Before you go on, I would ask permission to keep the record open for a specific quantitative analysis on two parts. The first is, how many special education teachers do we get into the classroom as a result of current Part D, and secondly, then, how many would we have in the classroom with tripling the funding as you suggested.

Chairman **Owens**. Without objection, the record will remain open.

[The material referred to follows:]

THE COUNCIL FOR EXCEPTIONAL CHILDREN

May 23, 1989

The Honorable Steve Bartlett
LHOB 1113
Washington, D.C. 20515

Dear Congressman Bartlett:

Dr. William Carriker who recently testified before the Subcommittee on Select Education regarding the reauthorization of the Education Handicapped Act has asked me to respond to a question you raised at the hearing. How many special education personnel are prepared under present levels of funding and how many would be prepared under the level sought by the coalition who Dr. Carriker represented?

In the 10th Annual Report to Congress on the Implementation of Education of the Handicapped Act, the Department of Education reports that in colleges and universities receiving personnel preparation funds under Part D of EHA the following numbers of students were enrolled in preservice training and received degrees as a direct consequence of the grants awarded in FY 1985.

	Enrolled	Receiving Degrees in 86
Special Educators (including speech, language pathology)	10,818	3,139
Related Services Personnel	1,986	770
Leadership Personnel	1,465	234
Total	14,269	4,143

Using fiscal year 1985 grant allocations it can be roughly projected that the following were the average costs to the federal government for preparing on an annual basis personnel for the education of students with handicaps.

Personnel	Allocation FY 1985 (in million)	Federal cost/person enrolled
Special Educators	27.9	2,579
Related Services Personnel	4.2	2,115
Leadership Personnel	7.9	5,392
Total	40.	

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The coalition composed of the following organizations: American Speech-Language-Hearing Association, Council of Administrators, of Special Education, The Council for Exceptional Children, Council of Graduate Programs in Communication Sciences and Disorders, Higher Education Consortium for Special Education, National Association of State Directors of Special Education, and Teacher Education Division; which Dr. Carriker represented proposed increasing the Authorization under Part D to $150 million. Presuming a full appropriation, and the same percentage allocation to the preservice preparation of personnel (64%), the following numbers of students might be enrolled (Note no inflation factor is built into these calculations) and receive degrees annually.

Personnel	Allocation (in million)	Projected number of students enrolled	Projected number of students receiving degrees
Special Educators	69.7	27,025	7,837
Related Services Personnel	12.7	6,005	2,342
Leadership Personnel	13.61	2,554	409
Total	96.01	32,101	10,588

These projections should be viewed with the following considerations:

1. The data on numbers of students enrolled and receiving degrees comes from data reported by grantees within colleges and universities as required under P.L. 98-199, the EHA amendments of 1983. Grantees are to report students receiving degrees from training programs funded by Part D preservice grants. However, since grants do not necessarily fund whole training programs the data may vary significantly by the interpretation given by the grantee to which students to include.

2. The cost per student varies significantly among institutions of higher education and among various areas of specialization. Using an average cost of $2,579 for a special educator may be very low in a private university and very low in a high cost program such as preparing teachers for the blind.

3. The cost data merely reflects federal expenditures and does not represent the full cost of attending an institution of higher education.

4. The data does not reflect the total capacity or productivity of the reporting institutions, nor the important role that a grant may play in enhancing the capability of an institution to prepare personnel beyond those students directly prepared as a result of a grant. For example, faculty members employed under a grant may teach some courses that enable the institution to maintain a program that is not supported under the grant.

5. Projection data on the numbers of students that would be served with more money are based on the assumption of a constant system i.e. the same grantees operating the same programs under the same conditions. This assumption is unrealistic. Personnel preparation programs, professional standards and institutional costs and structures are dynamic and thus difficult to project over time.

We hope that this information is helpful to you and that you and the Subcommittee will give the issues and proposals in the coalition's statement your serious consideration.

Sincerely yours,

Frederick J. Weintraub
Assistant Executive Director
Department of Governmental Relations

FJW/alp

cc: Congressman Major Owens

Mr. **Bartlett**. Mr. Carriker, I have one additional question. That is, are there other improvements or changes or modifications in Part D that you would make in terms of the allocation of funding of Part D? Are there parts of Part D in Personnel Preparation that we get more bang for our buck?

If you isolate on the problem, which I think you did, and I think that is shortage of special educators, are there ways that we could change it to give it any level of funding to resolve that issue more clearly?

Mr. **Carriker**. I will try to respond as best I can on this.

One, I certainly would not want to reject the concept of some inservice preparation of personnel who are in regular classrooms, but I would want to caution that if, in fact, monies are placed in this direction, that monies are not taken away from the preparation of special education personnel, special education teachers.

If one looks back over the last decade or so, time and again the discretionary funds that were in the picture for the preparation of special education personnel went into some inservice of "regular education teachers."

I am not against that, but if it takes away from what our needs are, and we have just diminished in terms of the numbers of people, that is a problem.

Mr. **Bartlett**. So you are sort of against it, not quite.

Mr. **Carriker**. No, no, I am not against it. Regular classroom teachers need this support, they do. I would not deny that at all, but we cannot make a special education teacher out of a regular classroom teacher with one three-credit course in special education and make them experts.

A lot—I am sorry to say—many, many inservice courses and much money has been spent on inservice, one three-credit course, and we are now experts in special ed.

Mr. **Bartlett**. I see her nodding her head. I think she is more sort of against it than you are.

[Laughter]

Mr. **Carriker**. In terms of how many this will buy, I cannot respond to that. In relation to some needs that we have, Mr. Forness has pointed out that our special education teachers in the area of seriously emotionally disturbed are the first to burn out.

As one looks at different teacher preparation programs over the nation, one has to raise the question—I do as a professional—I raise the question about the kinds of experiences that teachers of seriously emotionally disturbed obtain in their formal education.

One of our problems is the fact that, in terms of recruiting special education personnel in, is that, as in education generally, we have a problem of loans at the present time.

A person goes into debt for four years to be a teacher and the remuneration, whether it is special ed or regular education, is not great.

I would recommend that we look back at the old secondary education approach in which loans were made with forgiveness as a possibility. Some way to enhance individuals for rural areas to me is a real need. How can we enhance the working environment, the support system for teachers in rural areas? Very important.

Mr. **Bartlett**. I understand. Thank you.

Mr. Gardner, one quick question. You provided us with some staggering statistics on separate schools for students with mental retardation. Where those separate schools or separate classrooms?

Mr. **Gardner**. No, I am talking about separate schools.

Mr. **Bartlett**. Whole separate schools? Only disabled children in the schools?

Mr. **Gardner**. Right, only handicapped or disabled in some fashion children in the school.

If you did any one thing to refocus the proper expenditure of federal money is if you would outlaw special schools in this country. I realize we have got a lot of them and it would have to be a phase-out situation, but if from the federal level you outlawed special schools you would go a long way in redirecting your dollars toward that, because it would be telling the school systems, this is a mindset that you may no longer have.

Mr. **Bartlett**. You have answered my question. Now I will tell you what the question was, but you did answer it.

My question was, why did you say in your testimony that you wouldn't make any changes in the law, and then you said that you would make a change in the law. I think the answer is because you are saying you really would, given your preferences, you really would change Public Law 94-142 and prohibit separate schools.

Mr. **Gardner**. Yes, ultimately. Whether you have got to amend the statute to do that or whether that can be done through the regulations is another question. It needs to be done. That is the one action, I think, that would redirect the focus.

Mr. **Bartlett**. Thank you. Thank you, Mr. Chairman.

Chairman **Owens**. I was going to ask Mr. Smith to go next, but I can't pass this one up.

I will give you a hypothetical situation, Mr. Gardner. In New York City we have nearly 900,000 pupils. Of that number, 112,000 are in special education. The New York City schools are doing a very poor job of teaching regular students in the regular classroom to read and to do simple arithmetic. It is a serious problem.

The school system is beset by all kinds of problems especially in areas where there is a great deal of poverty. Two-thirds of New York City's school children are poor.

Given a system like that, beset by problems, failing in the basic mission of education for the students in the regular classrooms, would you mandate that all special education students have to be crammed into that system?

Mr. **Gardner**. I would mandate that they not have to be crammed in the regular classroom, but they ought to be put on that regular campus with their nonhandicapped peers, because no matter how poor a job the system may be doing in regular education, a handicapped child is denied interaction from handicapped peers, is isolated from society and will grow up as an adult with no social networks, isolated from society, and you will fail in your transition programs in getting those people into vocational training and into competitive jobs.

You will fail at the beginning point and you will prescribe failure throughout life when you don't do it right at the entry level.

There is as much value in those social interactions of taking those children in those special schools and taking their teachers and their support personnel that have the expertise and put them on the regular campuses of your school and both are going to benefit.

That personnel will recognize your student out there on the regular campus. They may need special education services that the classroom teacher, as you say, may not be doing a good job of teaching in the regular classroom, and then you are going to ask that person to recognize the child that needs special education services.

Chairman **Owens**. I neglected to mention that most of the elementary schools have about 1,000 pupils; high schools about 3,000. So, you are throwing students into a situation where they would just be stampeded and run over in many cases.

Mr. Smith?

Mr. **Smith**. Thank you, Mr. Chairman. I have a specific question just for clarification to ask Maude Chater, and then a question for Mr. Carriker.

In the language of the bill, when you talk about assistive technology—a marvelous word, it is a new one for me—what it is you are after is that that would be considered not an optional service, but because of its central nature for Ben or other children in Ben's situation that it is to him what pencil and paper and a book is to another student, so it should be defined as a related service? I want to make sure I have got the language right and the record has it.

Ms. **Chater**. I believe it is a related service in the same way that his other therapies are, because without the assistive technology he just isn't going to be able to participate, but with it he has the foundation that all the other kids in that classroom have.

Mr. **Smith**. The problem today is that in some schools it is treated as a related service because either they are enlightened and/or the money is there and/or they have parents who are both strong and sensitive and all the rest of it.

In other schools it is treated as an optional and therefore nonexistent service.

Ms. **Chater**. That is correct. I believe that is correct.

Mr. **Smith**. Mr. Carriker, your data about special education teachers has been noted and referred to a couple of other times.

I don't want you to go back through it. What I would like, briefly, as a brother in education, could you tell me how that data in terms of people in the pipeline, people burning out, relates to the teaching population as a whole, which is not very favorable either, as I understand it.

Mr. **Carriker**. That is correct.

Mr. **Smith**. So is the data for special education teachers maybe more urgent but substantially the same as enrollments in the pipeline and people burning out and leaving?

Mr. **Carriker**. No, no. As a matter of fact, compared to regular education, our attrition is higher percentage-wise and the lack of qualified personnel percentage-wise is higher than it is in regular education and in the pipeline, as well.

Mr. **Smith**. There is, in fact, a decrease—I understand what we are here to talk about, but I am trying to get at another point, and I need to know if I am wrong or not.

There is, in fact, a problem in the pipeline with regular education teachers, and depending on whether you take math or science versus something else the problem ranges from severe to simply dramatic.

There is a problem with teachers burning out and leaving our schools. We foresee a personpower shortage in our elementary and secondary schools in the year 1995, dramatic.

Mr. **Carriker**. Sure. I don't know what I would mean by dramatic, but certainly—I really can't give you a figure on that one.

Mr. **Smith**. I understand how difficult it is, but we are losing about half of our teachers to retirement in the next ten years and we don't have a similar number in the pipeline, right?

Mr. **Carriker**. Oh, absolutely. No question.

Mr. **Smith**. Okay, thank you. The point that I am getting at is, again, what goes on in our schools.

You mentioned a lack of coherence in federal policy. I would argue—I wouldn't argue that point, but I guess my question for the panel, then, is, based on my sense of where policy needs to be coherent is where the child and the school come together. When we get it right in Washington, there is no guarantee that the policy will be coherent or the educational process will be coherent for the child in the school in Peoria, Illinois.

What would happen if a school—what would be your response, here is the question—if a school were allowed or a school district were allowed to plan to restructure their programs not only for learning disabled children but also for other children, let's say, for all children, and that they were allowed to restructure and they had to state and commit to attain higher achievement or performance for all of those children?

Now, I know performance is a brittle and a one-dimensional term. Forgive it for now. I understand achievement and performance in all of the dimensions. I just don't want to waste our time trying to convince you of that.

What would happen if we allowed a school to elect, to restructure against a commitment to do better for every child, in return for which when they wrote a plan to do that we allowed them some significant flexibility from existing federal guidelines, a trade of flexibility for higher performance on the one hand or some flexibility from the guidelines on the other?

How would that strike you? Understand, it would all be written and signed before anybody laid a hand on a child, but as a way to somehow say to teachers—you can train them all day, here is my point, but you really dignify them when you free them to do their job. I think that is the dignity that we haven't still heard today.

Mr. **Carriker**. The condition that—I would not disagree with that as a trial balloon, as an experiment, but one condition that I would put on it would be that teachers be the ones that made the decision as to what the curriculum and the organization structure would be.

Mr. **Smith**. You bet.

Mr. **Carriker**. With that input, the teachers then become somewhat——

Mr. **Smith**. Would you add parents to that list?

Mr. **Carriker**. What?

Mr. **Smith**. Would you let parents have some input?

Mr. **Carriker**. Well, I know teachers well enough that the good ones go for the parents. They want the parents involved.

May I add one more thing.

Mr. **Smith**. Okay, and please be brief.

Mr. **Carriker**. I will. It is this. We talked earlier about the aura, the environment of the school. My experience over many years has been that, if the principal understands really and believes in special education as a viable option, the principal can make or break the whole organization and structure within that school.

Mr. **Smith**. Let me, one, thank you and, two, say I know that research and I agree with it, and, three, I do assume absolutely this idea that teachers and parents and probably other members of the community would have to be the planners and the notion of what to be accountable for would come from them.

Let's just take it right down the line if we can. I don't know if Maude and Michael want to flip a coin to see who will respond.

I am just trying to figure out how to get to Rome here.

Mr. **Morris**. If I understand your hypothetical situation, it would be combining—it would be not just looking across disability but at all children within that regular school setting.

I think that, given the situations that exist across the country, there is no question we have made improvement, but you still have administrators who are worried about cost and are still grumbling because the federal government never lived up to their responsibility in terms of this law.

You have special education teachers, as you say, who are still complaining because the paperwork grows heavier all the time. You have parents also complaining because, no matter what they say and no matter how informed they become, they still are finding that the IEP development is based on availability rather than need.

The question becomes, when you break down those barriers and particularly on the integration issue if you can break down the barriers between regular education and special education so that the regular educator does not have the luxury any longer of if this kid is a behavior problem, he is out and into special education. If the kid has physical disability, they don't have to think, how do we reorganize our environment to meet that child's needs.

I believe that it is something worth pursuing. I think it is something worth talking about.

Mr. **Smith**. I understand. This idea is not in any regard a mandate. It would be something that a district could elect to plan for and to do and it would be in that kind of——

Mr. **Morris**. On an experimental demonstration basis. The proviso, or one or two provisos are, remember again that prior to 1975 consistency of educational opportunity for handicapped children varied greatly from state to state, from locality to locality.

Mr. **Smith**. We have seen that today, but remember also that this is something that would insist on and be held accountable to higher and better performance.

Mr. **Morris**. You need to define performance. I hope performance would be defined in terms of outcomes, and outcomes as Fred mentioned at the end of the panel, looking at what are people trying to achieve as they grow out of education and become adults, and an expectation that is—we know now that people with severe disabilities can live independently, with proper supports. We know now that people can be employed competitively with proper supports. Those are different values, different expectations, different real fact situations than existed previously.

At the same time we still have the difficulty, when you group everyone together, is that the measure of success, the measure of performance doesn't lock in—you know, the kind of gross common denominator is that, well, the benefit was that regular education is doing better and kids with special needs are finding that even less supports are available, and so somehow there still has to be the balance.

Mr. **Smith**. You still have to obey the law, first of all. Two, when I talk about performance, yes, there are gross indicators for a school, but I am talking about every child.

Mr. **Morris**. I appreciate that concern. I think the most important part of your scenario that is worth pursuing is that special education becomes more and more specialized and regular education becomes less and less interested in the special needs child, so that if we can provide new incentives, both in terms of financing, regulatory reform, other ways, that bring those two to talking together—and, of course, as was mentioned, the administrators are the ones who are going to make it happen.

I would want to see the parents as full partners in development of that system and in no way relinquishing any of their rights and responsibilities.

Mr. **Smith**. Thank you. Mr. Gardner?

Mr. **Gardner**. I agree. I think the parents need to be a part of any change we would make in this.

One thing I think we have to remember, and what I am going to say may be my own personal focus and it may not be the problem nationally, but from my own experience with IEPs—I did not get my child where she is, out of that special school, on that hallway, without five hours of IEP meetings with the special assistant superintendent of special education, the director of programming and all of that. They were in a very adversarial IEP situation.

I found that the problem is not with the relationship with the parent and the classroom teacher. The teacher understands your child and is on your child's side with the services they need.

If you go into an IEP and the parent says, "Instead of this kind of therapy on a consultation basis," which sometimes parents are suspicious that that means almost never, as opposed to writing it in the IEP that it is going to happen twice a week or three times a week—if that teacher says, "I agree, I think the child needs it three times a week," that special education supervisor looks at her and says, "You know that Ms. So-and-So is already loaded up with all those people." You can see the sparks fly and the glare.

The adversary that is driving the teachers out of the system is their relationship with their supervisors up the line, not a bad relationship with the parents and the children down below.

Mr. **Smith**. Thank you.

Mr. **Orelove**. I will speak also for myself, and not necessarily for the organization that I represent.

I like several things about your proposal. One of them is that it assumes an a priori integration going into it, that the children with handicaps and the children without disabilities are together to make it work. That is something that we have not always have as an assumption going in.

I secondly like the fact that you focus on outcomes, which is again something that education does not always focus on.

The third thing is that it may create an inferno, but it is an attempt to bridge the dual system of education problem that we have today, which is regular education and special education as separate and unequal and sometimes they pass each other and sometimes they do very well together, but on the whole there are some staggering problems.

I would, however, put in a few "yes, buts" to you proposal, of course.

One is that, were that to work, I would think there would have to be adequate supports for the teachers and the administrative staff, a significant level of support, ongoing supports, not a one-time inservice thing but an ongoing system of technical assistance as well as services.

A second thing that I think would need to be part of your plan is a lengthy preparation for teachers and administrators on the process, as well as on the abilities of individuals with disabilities and as well as on the learning capabilities of people without disabilities.

I think a lot of the focus that we have heard today so far has been on what is good about integration for people with disabilities. I think we also need to remember that many of the questions that you are asking today—not you specifically, but members of this panel—you are asking because you grew up in a system of education where you did not have the opportunity to go to school with these people. You did not see them first hand. You would not have to ask some of these questions today.

I think tomorrow's subcommittee—and when I say tomorrow, I mean the next generation—may have some very different questions in mind.

I would also add the provisos that have been mentioned already on family involvement. Family involvement does not mean that you force families. It means you give them the opportunities, if they want to be involved, and you give them the opportunity to be involved.

I would also add dissemination, which is something that has been mentioned in passing. You were bragging about your state earlier, Vermont, and I need to say that I am very familiar with the state of services in the severe and profound handicaps in Vermont. It is one of the all-time highlights.

If you want to pick one of the top fifty states, not counting the District of Columbia, Guam, Samoa, Puerto Rico and so forth, when people call me and say, "Where should I go to see a good, integrated program that does well by kids with severe handicaps?" I say go to Vermont. We are sending people there now.

So dissemination—there needs to be money and opportunities built in that when some of these local districts doing this process, that we need to tell people about it and let other people see it.

The final thing I would say is that I would reiterate what Mr. Morris said, that prior to 1975 we did not have a law and you saw what happened. Today, ten years later, we have the law in effect and there are still places that are close to pre-1975 conditions.

If you are going to do the kind of thing you said, there still has to be adequate monitoring and compliance. Without that, the whole thing breaks down.

Mr. SMITH. I would—simply from the point of view, something that is unformed in many regards, but I am just searching for ways to allow people to do what is right and to reinvent. The nature of this thing, for lack of a better word, would be a contract which would, in fact—the essence is that you would hold the district or the teachers or the school accountable for their and the parents' aspirations for the child, which would be articulated, as opposed to accountable for a compliance plan and a law which is only dimly understood by too many people.

It's an attempt. It takes a lot of thought. We have spent more time on it than we should, but I thank you all for your comments. Thank you, Mr. Chairman.

Chairman OWENS. I want to thank the panelists. You have been quite good and I don't want to be redundant. Just one or two quick questions.

Ms. Chater, how large was the school your son went to when he first started school?

Ms. CHATER. His kindergarten?

Chairman OWENS. Yes. What was the enrollment—not the kindergarten, but the first elementary school.

Ms. CHATER. The enrollment of the school—I think there were about 500 kids in the school. This was K through four in his particular school.

Chairman OWENS. There were 500 youngsters in the school? It was in an urban area?

Ms. CHATER. I beg your pardon?

Chairman OWENS. Was this in an urban area in Vermont?

Ms. CHATER. Montpelier, Vermont is the capital of the state, with 6,000 people in the town.

Chairman OWENS. I know Montpelier, a huge city.

Ms. CHATER. I don't know if you would call it urban.

Chairman OWENS. Isn't that kind of large for a Vermont elementary school? Are most schools that large, elementary schools? They generally seem to be smaller, don't they?

Ms. CHATER. Yes, yes, in Vermont in general, yes.

Chairman OWENS. You mentioned having to pay for part of the therapy through your insurance.

Ms. CHATER. Yes.

Chairman OWENS. Can you elaborate?

Ms. CHATER. Part of Ben's therapy, direct service, was paid through our health insurance. He gets consultation services through the school. The school pays for consultation with a physical therapist as to classroom seating and the other things that pertain, but for direct services that he receives during the school day our insurance pays for that.

Chairman **Owens**. You mentioned the assistive technologies bill that we passed. Would that relieve any of that burden of paying? Having to pay additional money?

Ms. **Chater**. I am not sure at this point whether it will or not.

Chairman **Owens**. Mr. Orelove, just one quick question. How do the activities and services provided by your technical assistance center in collaboration with Western Oregon State College complement, enhance or duplicate the activities of the forty-one state and multi-state deaf-blind centers that we have?

Mr. **Orelove**. The technical assistance center that TASH works with Western Oregon State is mandated as part of the cooperative agreement with the Department of Education to work with those states at the single point of contacts for the single states, and then there is a point of contact for the multiple state deaf-blind operations. So that is built in to the cooperative agreement.

In other words, there is one representative within each of the state deaf-blind grants whose job it is to coordinate with the coordinator of the deaf-blind technical assistance network.

Chairman **Owens**. Do you see any ways in which this system can be improved? What would you recommend?

Mr. **Orelove**. Well, there were some—actually, there was a site visit just about a year ago and some of those procedures were tightened up. I think that basically it is working well. It is just a matter of streamlining, which is happening this year. It is going very well.

Chairman **Owens**. Thank you. It has been a very long morning. Some of you have waited through the other panel. I want to thank you again and we assure you that your recommendations will be given full consideration as we move forward toward the reauthorization of this bill. Thank you.

The subcommittee is adjourned.

[Whereupon, at 12:50 p.m., the subcommittee was adjourned.]

[Additional material submitted for the record follows.]

EDUCATION OF THE HANDICAPPED ACT -- DISCRETIONARY PROGRAMS

Statement of the National Association of School Psychologists

General

School psychology is one of the related services defined and provided for, in the Education of the Handicapped Act (EHA). The National Association of School Psychologists represents more than 20,000 school psychologists providing such services to children in over 15,000 school systems, in both regular and special education settings.

Our experience leaves no doubt that EHA has been effective in opening the doors of public education to many handicapped children who were previously excluded. Furthermore the Act has made parents partners in the educational process of their handicapped children. The Act's discretionary programs have been responsible for many laudatory accomplishments, such as the following:

helping inform parents of their rights and providing the assistance they have needed to become advocates for their handicapped children.

training special educators and related services personnel, including school psychologists, to better meet the needs of handicapped students.

beginning, through preservice and in-service programs, to sensitize regular educators and administrators to the needs of this population.

Notwithstanding the successes of EHA however, NASP believes that there remain critical concerns not yet addressed in EHA that this Congress has the opportunity to rectify:

(1) underserved populations, shortages of services, effective utilization of limited services and the evaluation of the effectiveness of special education and related service programs; and

(2) the re-integration of special education and related services into regular education, in order to enhance main-

streaming and reduce the inappropriate "automatic" referral-test-placement procedures that not only are costly to the system but may also unnecessarily stigmatize the children.

Underserved Populations: SED/BD

Field research and experiential data clearly show that children who are suffering from emotional disturbances and behavior disorders are, as a group, under-identified and are poorly served when they are identified under EHA. They are, as handicapped groups, only 0.6% of the school-age population; yet the Congressional Office of Technology Assessment (OTA) suggested in Children's Mental Health: Problems and Services (1986) that there are many, many more school age children and adolescents in need of service who have the SED/BD handicap. OTA reported estimates that 3% are "seriously mentally disturbed" and in need of service. Other researchers suggest that probably 2% of children need special education and related service because they suffer from this handicap.

The Terminology Study mandated by P. L. 98-199 reviewed the research and state procedures for diagnosing and serving the "seriously emotionally disturbed." Although this report indicated that there were marked differences in the state by state percentages of children identified as SED, no recommendations were made to rectify this inequity. The study further stated that many programs were inadequately serving children with SED, particularly at the secondary school level (lack of adequately trained staff and earlier intervention services); children in rural areas (lack of related service staff); and children who fall under the purview of more than one agency (lack of interagency coordination).

Our specific recommendations follow.

Part C Centers and Services to Meet Special Needs

Prevention remains unaddressed in EHA. Evidence shows that a significant percentage of the incidence of this handicap (SED/BD) could be prevented, obviating the need for and expense of intensive special education services. Prevention and early intervention prior to special education placement are too frequently absent. The findings of the National Adolescent and Child Treatment Study of SED Children (Silver, et al, 1989) showed that children's emotional/behavioral problems are noticed at age 6, but services are not sought until age 8 or 9. The study also reported that 30% of the children studied were hospitalized "at least once" with the median age being 12 years of age. The National Mental Health Association among others believes that earlier interventions including consultation and teacher training would reduce more costly long-term restrictive placements for SED children. School and community-based prevention and early intervention programs for the seriously emotionally disturbed should be supported under the Part C discretionary program of EHA.

Part D Personnel Preparation

EHA was designed to provide appropriate special education and related services to handicapped students within the least restrictive environment. The most recent Congressionally mandated cost study of special education (DRC, in press) showed that some related services are missing in 60% of the school districts in the stratified random sample. While 100% of the districts reported providing at least one related service including "assessment services", school psychological services programs were too frequently absent as a related service. Many rural school districts cannot attract school psychologists or other related service personnel. Urban districts have reported large numbers of unfilled year-long vacancies. Enrollment in school psychology graduate school programs is down 10% since 1980. There are growing needs for bilingual school psychologists and black school psychologists as our total school population becomes more multicultural. The Office of Civil Rights of the Department of Education reports that nearly 30% of the students labeled SED and mentally retarded are black and yet only about 5% of the school psychologists are black. There is a need to recruit, train, and support more minority graduate students for the profession of school psychology. There are needs to provide innovative supportive incentive grants to rural and urban districts to employ more school psychologists and other related services personnel, e.g. social workers.

There is clear evidence that when comprehensive related services are available within an LEA, handicapped students are more likely to be served in less restrictive programs within their home school (DRC, in press).

NASP Recommends that to begin to address the needs outlined above, Part D Sec 632 be amended ... to provide grants to states, local education agencies, and institutions of higher education...to recruit, train and retain related service personnel with an emphasis upon minority related service personnel and provide incentive grants to states and local education agencies to hire and retain needed special education and related services personnel, as determined by the needs of each State ...

NASP also requests that Congress support the new initiative recommended by the National Alliance of Pupil Service Organizations (NAPSO) in a separate written statement to this Subcommittee, to place an emphasis upon coordinated related services within LEAs and to urge greater inter-agency service coordination so that handicapped students who come under the jurisdiction of more than one agency are properly served. Specifically, we support adding a new Part I as Sec. 686 of the Act as follows (excerpted from the NAPSO statement):

FINDINGS AND POLICY

Sec 686 (a) FINDINGS:

(1) A significant number of handicapped children, particulary those who are multiply handicapped and seriously emotionally disturbed are being served in restrictive educational programs;

(2) The related services needs of these children are not being fully met;

(3) There are many handicapped children in special education programs whose program is inadequate because there is a lack of related services available in these programs;

(4) Various agencies serving handicapped students are not providing adequate coordination to these handicapped children and their families.

(b) POLICY--It is therefore the policy of the United States to provide financial assistance to States:

(1) to develop and support within each state education agency a statewide, comprehensive, coordinated, multidisciplinary system which ensures the delivery of related services within local education agencies for handicapped children, youth and their families;

(2) to enhance its capacity to provide quality related services and expand and improve existing related services being provided to handicapped children, youth and their families within local education agencies;

(3) to initiate interagency cooperative relationships between educational agencies, mental health, health and mental retardation agencies, juvenile justice, social service and rehabilitation to facilitate the coordination of services for handicapped children, youth and their families;

(4) the Secretary shall conduct, either directly or by contract, a thorough and continuing evaluation of the effectiveness of the programs assisted under this part. Results of the evaluations shall be analyzed and submitted to the appropriate committees of each House of Congress together with the annual report under Section 618.

(Please note that NASP, a member of the NAPSO group, supports the entire NAPSO statement.)

Other NASP Recommendations

NASP also urges consideration of amendments to the Act which would accomplish two important objectives:

(1) Outlaw corporal punishments for handicapped students.

(2) Review and revise the costly mechanical triennial reassessment process.

Our proposals are outlined in some detail below.

Corporal Punishment

In 1986, NASP adopted a policy " ... opposing the use of corporal punishment in the schools and in other institutions where children are cared for or educated."

Pursuant to that policy, the Association advocates (1) the recognition of the consequences of corporal punishment; (2) the understanding of and research into alternatives to corporal punishment; and (3) legislation/regulation prohibiting the continued use of corporal punishment. We also encourage individuals and affiliated organizations at the state level to pursue these goals, particularly the abolition of corporal punishment at state and local levels.

It is time that the Education of the Handicapped Act be fortified with a prohibition against corporal punishment upon beneficiaries of this Act. Appendix A to this statement is our position statement and its supporting paper, which discusses many historical and legal aspects; research on effectiveness; and alternatives.

In terms of corporal punishment and EHA, one need only note that two groups receive corporal punishment at twice the frequency as the general school population: black children and handicapped children. In fact, it is highly likely that a black male handicapped child is 4 or 5 times more likely to receive corporal punishment than the average regular-education student. All of the research says that corporal punishment doesn't work. It has a short-lived impact upon behavior and long-term results in increasing child abuse among those who receive corporal punishment. For these and the other reasons outlined in Appendix A, the Association proposes to amend the Act to prohibit corporal punishment, as follows:

(1) In Section 601(c) of the Act, after "...the rights of handicapped children and their parents or guardians are protected," insert: "to assure that handicapped children are free from corporal punishment."

(2) In Section 613(a) change (4) to (5) and insert a new (4) as follows:

(4) set forth policies and procedures to assure that no person employed or engaged by an educational institution covered under this Act, whether public or private, shall inflict or cause to be inflicted corporal punishment or bodily pain upon a handicapped pupil attending said institution; provided, however, that any such person may, within the scope of his employment, use and apply such amount of physical restraint as may be reasonable and necessary (a) to protect him/herself, the pupil or others from physical injury; (b) to obtain possession of a weapon or other dangerous object upon the person or within the control of the pupil; (c) to protect property from serious harm; or (d) to provide aversive therapy, and such physical restraint shall not be construed to constitute corporal punishment or bodily pain within the meaning and intent of this subsection. Every resolution, bylaw, rule, ordinance, or other act or authority permitting or authorizing corporal punishment or bodily pain to be inflicted upon a handicapped pupil attending a school, facility, or educational institution receiving funds under this Act shall be void."

Reevaluation

Although reevaluation *per se* is not mentioned in the Act, Section 612 (5)(C) gives implied authority for the reevaluation process. The exact language is contained within CFR 34, Sec. 300.534 (page 49) and is seen as a protection for children who are placed in special education programs, to reduce the chances of their remaining in these programs unnecessarily. The reevaluation was also designed to evaluate the effectiveness of the special education and related service program provided for each child. However, in operation it is evident that the procedure does not have its proposed effect. It can also be an unnecessary burden upon many handicapped children. Furthermore, assessment costs (DRC, in press) run more than double the average cost of a year of related services such as speech therapy or counseling or psychological services. At $1200 per child, reevaluations are extremely costly and their merit is not proven. Furthermore, the total number of assessments carried out yearly amount to one in every 5 children in school being assessed each year (DRC, in press). Moreover a disproportionately large amount of limited related services staff time is being consumed by this reevaluation requirement.

NASP urges Congress to recommend a Department of Education review of this costly procedure in relation to its intended purposes. Does the reevaluation assessment process actually protect the rights of handicapped children? Are there other more effective methods to protect these handicapped children? Does the annual review of the IEP effectively protect the rights of handicapped children?

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NATIONAL
ASSOCIATION OF
SCHOOL
PSYCHOLOGISTS

National Association of School Psychologists
Supporting Paper on
Corporal Punishment Position Statement

Committee Members

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April 1986

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NATIONAL
ASSOCIATION OF
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PSYCHOLOGISTS

Position on Corporal Punishment

As the purpose of the National Association of School Psychologists is to serve the mental health and educational needs of all children and youth; and

The use of corporal punishment as a disciplinary procedure in the schools negatively affects the social, educational, and psychological development of students; and

The use of corporal punishment by educators reinforces the misconception that hitting is an appropriate and effective technique to discipline children; and

Corporal punishment as a disciplinary technique can be easily abused and thereby contribute to the cycle of child abuse; and

School psychologists are legally and ethically bound to protect the students they serve; and

Research indicates that punishment is ineffective in teaching new behaviors, that a variety of positive and effective alternatives are available to maintain school discipline, and that children learn more appropriate problem solving behaviors when provided with the necessary models;

Therefore it is resolved that the National Association of School Psychologists joins other organizations in opposing the use of corporal punishment in the schools and in other institutions where children are cared for or educated;

And will work actively with other organizations to influence public opinion and legislative bodies in recognizing the consequences of corporal punishment, in understanding and researching alternatives to corporal punishment, and in prohibiting the continued use of corporal punishment;

And will encourage state affiliate organizations and individual members to adopt positions opposing corporal punishment, to promote understanding of and research on alternatives to corporal punishment including preventive initiatives, and to support abolition of corporal punishment at state and local levels.

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Internationally, there is a trend toward abolition of corporal punishment in schools. The United States and Great Britain are the only developed, English speaking countries that continue to sanction this practice. A list of countries and the dates when they abolished corporal punishment is included in Appendix A.

Legal: The primary legal justification for the use of corporal punishment is found in Ingraham v. Wright [430 U.S. 651 (1977)]. The case involved the use of corporal punishment in a Florida Junior High School. When the U.S. Supreme Court agreed to hear the case, it accepted the reports of abuse and injury as accurate and did not challenge the Florida corporal punishment statute. The Court said it would decide the case on two points of constitutionality: (a) Are public school students afforded protection under the Eighth Amendment which prohibits cruel and unusual punishment? and (b) Do public school students have the right to a due process hearing before corporal punishment is administered? On April 19, 1977, by a 5 to 4 vote the U.S. Supreme Court answered "No" to both questions.

With respect to the first question, the Supreme Court historically has held that punishment violates the Eighth Amendment if it is either inhuman or disproportionate to the offense. In the Ingraham case, the Court stated that the Eighth Amendment was restricted to protecting those convicted of crimes. Thus, students accused of minor infractions are not guaranteed the same constitutional rights or protections as convicted felons even though the punishment may be inhumane or disproportionate to the offense.

With respect to the second question, the Court decided that the due process clause of the Fourteenth Amendment was not violated. "It reasoned that even without them (procedural protections urged by NEA before the infliction of corporal punishment), students are given due process because, if the punishment is later found to be unjustified, school officials may be held liable for damages or subject to criminal penalties" (National Education Association, 1983, p. 3). Justice White suggested in his minority opinion that this after-the-fact protection was inadequate because (a) it does "nothing to protect the student from...the risk of reasonable, good faith mistake in school disciplinary process," and (b) "the infliction of physical pain is final and irreparable...." In essence, the Ingraham v. Wright decision said that the use or abuse of corporal punishment is not a Federal offense.

The use of corporal punishment has not been found to significantly reduce school discipline problems nor to promote a positive learning environment for students or teachers. Moreover, its use is often a symptom of frustration, lack of knowledge about effective alternatives, and a generally punitive atmosphere (Farley, 1983). In fact, the availability of corporal punishment may discourage teachers and others from seeking better means of discipline (Hyman & Wise, 1979).

The use of corporal punishment has been associated with a broad range of undesirable consequences which potentially affect students, teachers, families and the community. Corporal punishment in the educational setting may increase anxiety for both recipients and observers, and thus may decrease all students' learning (Bongiovanni, 1979). Additionally, punishment negatively reinforces any behavior which is successful in avoiding or eliminating the punishment. Thus, if the student learns that social withdrawal, truancy, dropping-out, or aggression will decrease the likelihood of punishment, these behaviors may increase (Bongiovanni, 1979).

Corporal punishment also can increase alienation and anxiety as well as retaliation with more aggressive actions (Hyman & McDowell, 1977). Retaliatory aggressive behaviors can be directed toward the source of the punishment, toward others in the environment, or toward inanimate objects (Bongiovanni, 1979). Thus, as a consequence of employing corporal punishment, school personnel must attend to the safety of other students and school property.

Children learn many behaviors through modelling. Thus, corporal punishment not only models violent solutions to problems, but it fails to demonstrate more positive techniques for the student to learn. It does not promote self-discipline and legitimizes violence and aggression as acceptable methods of problem solving by those adults from whom the student is expected to learn. As a result, corporal punishment promotes a form of behavior that is inconsistent with the values of the school, and it may increase the likelihood of violence and aggression as means to solve problems (Bellak & Antell, 1979).

Alternatives to Corporal Punishment

The intent of this section is not to provide an indepth discussion and explanation of alternative classroom management procedures, but rather to provide examples of important factors which influence school discipline.

(a) Structured daily and weekly activities, often with student input. However, some flexibility is permitted so that it is possible to capitalize on special learning opportunities which may arise.

(b) Clearly specifying rules at the beginnng of the year and revising them as necessary. Students need to understand classroom rules as well as be involved in establishing them. Rules need to be announced, demonstrated, enforced, and routinized. In general, the fewer the rules the better.

(c) Involving students in their educational experiences rather than placing them in the role of passive receiver of knowledge. Students also need to be involved with one another in an interesting learning environment.

(d) Communication should be fostered among students and between students and school personnel so that mutual respect is developed.

(e) Tasks are assigned to individual students at appropriate curricula and developmental levels so that they are sufficiently challenged but not overwhelmed. A wide range of student skills and needs are met within a warm and accepting environment.

(f) Students are made responsible for their actions and for resolving their problems (with assistance as necessary). There is a demand for self-discipline.

(g) Appropriate consequences are provided to accentuate accomplishments so that a positive learning environment is created and maintained. Good behaviors are noted and reinforced. Natural consequences are used to correct negative behaviors when possible.

Various resources and support personnel are available within most schools and communities to help teachers and administrators address discipline and classroom management issues. Professional assistance may be necessary for severely disruptive or violent students.

Conclusions and Recommendations

There is no medical, social, educational, or psychological evidence that supports the efficacy of maintaining corporal punishment in schools. The practice has not been found to be an effective means of influencing long-term behavioral changes in

References

American Association of School Administrators. (1980). AASA critical issues report: Student discipline, problems and solutions. Arlington, VA: Author.

American Bar Association. (1985). Resolution of the house of delegates of the American Bar Association. Washington, DC: Author.

Bellak, L., & Antell, M. (1979). An intercultural study of aggressive behaviors on children's playgrounds. In I. Hyman & J. Wise (Eds.), Corporal punishment in American education (pp. 143-154). Philadelphia: Temple University Press.

Berliner, D. C. (1984). The half-full glass: A review of research on teaching. In P. L. Hosford (Ed.), Using what we know about teaching (pp. 51-77). Alexandria, VA: Association for Supervision and Curriculum Development.

Brophy, J.E. (1983). Classroom organization and management. The Elementary School Journal, 83(4), 265-286.

Brophy, J.E. & Good, T.L. (1986). Teacher behavior and student achievement. In M.C. Wittrock (Ed.), Handbook of research on teaching (3rd ed.).(pp. 328-375). New York: Macmillan.

Bongiovani, A.F. (1979). A review of the effects of punishment: Implications for corporal punishment in the schools. In I.Hyman & J. Wise (Eds.), Corporal Punishment in American Education (pp. 351-372). Philadelphia: Temple Univeisity Press.

Clark, J., Erdlen, R.J., Jr., & Hyman, I. (1984, April). Analysis of recent corporal punishment cases reported in national newspapers. Paper presented at th annual meeting of the National Association of School Psychologists, Philadelphia, PA.

Doyle, W. (1986). Classroom organization and management. In M.C. Wittrock (Ed.), Handbook of research on teaching (3rd ed.).(pp. 392-431). New York: Macmillan.

Farley, A.C. (1983). National survey of the use and nonuse of corporal punishment as a disciplinary technique within United States public schools. (Doctoral dissertations, Temple University, 1983). Dissertation Abstracts International, 44, 1385.

APPENDIX A

International Abolition of Corporal Punishment*

Greece	Never condoned
Iceland	Never condoned
Poland	1783
Luxembourg	1845
Netherlands	1820s
Italy	1860
Belguim	1867
Austria	1870
France	1881
Finland	1890s
USSR	1917
Turkey	1923
Norway	1936
Romania	1948
Portugal	1950
Sweden	1958
Cyprus	1967
Denmark	1967
Spain	1967
Germany	1970s
Switzerland	1970s
Republic of Ireland	1982

Corporal punishment is also legally prohibited in all Eastern European, Communist bloc countries.

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*From: Parents and Teachers Against Violence in Education (1982). Facts and quotes - physical punishment in schools. Danville, CA: Author.

Appendix C

Alternatives to Corporal Punishment

The National Education Association (1972), Report of the Task Force on Corporal Punishment, suggests this list of techniques for maintaining discipline without using physical pain on students and suggests that the list is far from exhaustive.

Short-Range Solutions

The first step that must be taken is the elimination of the use of punishment as a means of maintaining discipline. Then, the ideas below can be used as temporary measures to maintain discipline while longer-range programs are being put into effect.

1. Quiet places (corners, small rooms, retreats)
2. Student-teacher agreement on immediate alternatives
3. Teaming of adults-teachers, administrators, aides, volunteers (parents and others)-to take students aside when they are disruptive and listen to them, talk to them, and counsel them until periods of instability subside.
4. Similar services for educators whose stamina is exhausted
5. Social workers, psychologists, and psychiatrists to work on a one-to-one basis with disruptive students or distraught teachers
6. Provision of alternate experiences for students who are bored, turned off, or otherwise unreceptive to particular educational experiences:
    a. independent projects
    b. listening and viewing experiences with technological
    learning devices
    c. library research
    d. work-study experience

8. Training for teachers in dealing with fear of physical violence

9. Regular opportunities for principals to experience classroom situations.

Long-Range Solutions in Schools

1. Full involvement of students in the decision-making process in the school

2. Curriculum content revision and expansion by students and staff to motivate student interest

3. Teacher in-service programs on new teaching strategies to maintain student interest

4. Alternate programs for students

5. Work-study programs

6. Drop-out-drop-back-in programs

7. Alternative schools within the public school system

8. Early entrance to college

9. Alternatives to formal program during last two years of high school

10. Few enough students per staff member that staff can really get to know students

11. Adequate professional specialists-psychiatrists, psychologists, social workers

12. Aides and technicians to carry out paraprofessional, clerical, and technical duties so that professional staff are free to work directly with students more of the time

13. A wide variety of learning materials and technological devices

14. Full implementation of the Code of Student Rights

15. Full implementation of NEA Resolution 71.12: "Student involvement"-The National Education Association

APPENDIX D

National organizations which have gone on record as opposing corporal punishment.

American Academy of Pediatrics
American Association for Counseling and Development
American Bar Association
American Civil Liberties Union
American Medical Association
American Orthopsychiatric Association
American Psychological Association
American Public Health Association
Association for Humanistic Education
Council for Exceptional Children
Friends Committee on Legislation
Mental Health Association
National Committee for Prevention of Child Abuse
National Association for the Advancement of Colored People
National Association of Social Workers
National Education Association
National Parent Teachers Association
Society for Adolescent Medicine
Unitarian Universalist General Assembly
U.S. Department of Defense Dependents Schools
U.S. Student Association
Young Democrats of America

WGBH

WGBH Educational Foundation
125 Western Avenue
Boston
Massachusetts 02134
617 492 2777
Telex 710 330 6887
Fax 617 787 0714

Public Broadcasting
Boston
Channel 2
Channel 44
WGBH Radio 89.7 FM
Springfield
Channel 57

Lowell Institute Cooperative Broadcasting Council
Boston College
Boston Symphony Orchestra
Boston University
Brandeis University
Harvard University
Lowell Institute
Massachusetts Institute of Technology
Museum of Fine Arts
Museum of Science
New England Conservatory of Music
Northeastern University
Simmons College
Suffolk University
Tufts University
University of Massachusetts
Wellesley College

The Honorable Major Owens
Chairman
Subcommittee on Select Education
518 House Annex # 1
Washington, DC 20515

April 14, 1989

Dear Congressman Owens:

Enclosed is my testimony regarding the reauthorization of the Education of the Handicapped Act (HR 1013). Specifically, my testimony concerns discretionary programs in EHA and broadening the language in Section 652, Captioned Films and Educational Media For Handicapped Persons.

I am the Director of Descriptive Video Services at the WGBH Educational Foundation. For the past year and a half I have been working toward launching a national service (via PBS) to make television programs accessible for persons who are visually impaired. The following is my testimony that explains the nature of the service, the needs of the blind community and WGBH's plans to launch Descriptive Video Services.

Thank you for this opportunity to address the new services available to the visually impaired and explain WGBH's mission as public broadcaster and our desire to make television programs accessible to all Americans.

Sincerely,

Laurie A. Everett
Director
Descriptive Video Services

"My first experience with DVS was very emotional. I found myself pacing the floor in tearful disbelief. It was like somebody had opened a door into a new world, in which I was able to see with my ears what most people see with their eyes. The new world I describe is that of body language. To a person who has never seen, body language does not exist. I hope DVS will be able to continue on television permanently."

Jane Morin
Auburn, Massachusetts

Descriptive Video Services (DVS), is a new **national** project from the WGBH Educational Foundation that makes television programs **accessible to blind and visually impaired people.** The WGBH Educational Foundation seeks to establish a national service (through PBS) for visually impaired people to gain full access to television programming. By utilizing the Separate Audio Program (the SAP channel) of stereo television broadcasting technology, **DVS provides descriptions of the key visual elements of a television program**. The narrated descriptions (which occur only during the pauses in the program dialogue) are broadcast on the SAP channel which is a standard feature on all stereo television sets and stereo VCRs. The viewer needs **no special device** other than a stereo television to receive this free service which can make television programs accessible to **the five to eleven million visually impaired** persons in the United States. Descriptive Video Services could become to the visually impaired community what closed captioning is to the hearing impaired.

The Department of Education Office of Special Education Programs (OSEP) has provided a base of support for captioning as well as other **national** services for the hearing and visually impaired. The Department of Education as been authorized to do so under the **Education of the Handicapped Act.** EHA has allowed Congress to fund captioning for the hearing impaired since the early 1970's. In the 1990's it is critical that **EHA's language be updated to now include *descriptions* for the visually impaired.**

It is also necessary for the authorizing statute to reflect new technologies and services such as descriptive video and accordingly WGBH recommends that **Section 652 of EHA** be amended to specifically include descriptive video. In addition an appropriation for FY 1990 in the amount of $1.3 million is requested in order to permit the Secretary of Education to make grants for the provision of making the video medium accessible to blind persons.

WGBH Educational Foundation
Descriptive Video Services
Laurie A. Everett, Director

125 Western Avenue
Boston, MA 02134
(617) 492-2777

DVS has been in development at WGBH since 1985. In 1986 WGBH conducted a local test of the service. Then in 1988, DVS was tested nationally on the PBS series AMERICAN PLAYHOUSE. With the successful completion of the national test and the development of a business plan, WGBH is poised and ready to launch this new service as a regular part of PBS programming. The first goal is to provide **3-5 hours of DVS programs on PBS per week** in the first year of operation, and to launch the service in early 1990. Dramatic programs are the program type most suitable for DVS. Therefore agreements have been secured to describe the following PBS programs in the first year of service: MASTERPIECE THEATRE, MYSTERY!, AMERICAN PLAYHOUSE, and DEGRASSI JUNIOR HIGH.

DVS will serve the visually impaired population in the United States. Visual impairment includes those who are legally blind, have low vision, partial vision or are print impaired. DVS will also serve the aging population, since age is the single biggest predictor of visual impairment.

The issue of access has become the pivotal issue in the handicapped community. Physical access to buildings, equal access to jobs, technical access to computers and equipment, are all part of the bigger issue of "equal access" for all. Included in this issue is access to the arts: whether it's to the theater, movies, television, literature or periodicals, equal access will be the issue of the 1990's and beyond. DVS removes communication barriers for those with visual impairment. As Congress looks to the 1990's and passing the **Americans with Disabilities Act**, services like DVS will ensure that broadcasters are able to make television accessible over the free airwaves that belong to the public.

Television is an inevitable part of our society and culture. In an ever-changing global environment, sometimes called the information age or the video age, it is more critical than ever that all citizens have access to this important factor in our society. Now, with the advent of stereo television, blind people can and should have access to television. Radio Reading Services throughout the United States have made *print* available for the visually impaired, however blind persons have never had access to the very visual medium of television.

A study conducted by the American Foundation for the Blind concludes that **blind people watch as much television as sighted persons.** Most persons who are visually impaired live with sighted persons, and the television is on in their homes as much as it is other homes. Similar to hearing impaired viewers, blind people have a difficult time following a television program completely. Many blind people indicate that they are frustrated while watching TV because key elements in a program are often communicated visually. Therefore, what is usually conceived as an entertaining and relaxing activity often must be, for those who are visually impaired, frustrating, intense, and not wholly satisfying.

Descriptive Video Services can provide for the blind community, an opportunity to reduce the frustrations of daily life and expand the experiences of television with others. Most importantly, DVS can contribute to the independence of blind people, allowing them to rely less frequently on sighted friends and relatives. The DVS viewing atmosphere will be more enjoyable when a sighted friend or relative serves as a co-viewer, not as an interpreter.

Other relevant information about the demographics of the visually impaired population includes the following:

- Estimates of the U.S. blind and low vision population range from 5 million to 11 million.
- Vision problems affect nearly 22% of all older Americans.
- Age is the single most powerful predictor of visual impairment.
- 12% of Americans over the age of 60 have visual impairment severe enough to require specialized low vision services.
- By the year 2000 visual impairment among the 65-plus age group will double.

DVS has been embraced and supported by the blind community, including **The American Foundation for the Blind, The American Council of the Blind, The Council of Citizens with Low Vision** and many state and local blind organizations across the country.

DVS has the capability to expand to commercial television, home video and cable once a regular service is established. As with captioning, access services tend to start on public television and quickly expand to other broadcasting entities.

I hope that the Subcommittee on Select Education will agree that the EHA must be broadened to include services like DVS that did not exist when the EHA was originally passed.

5 Domenic Drive
Chelmsford, MA 01824
April 12, 1989

The Honorable Major Owens
Chairman
Committee on Select Education
518 House Annex #1
Washington, DC 20515

Dear Congressman Owens:

I am a student at Perkins School for the Blind. I am twenty years old I have some light perception, but it is not enough to watch T.V. on my own. My parents and some of my friends tell me about the charactors facial expressions I might miss.

There is a service for the blind call Descriptive Video. This service describes the action for blind people. When I heard about this service and how it could help me watch T.V. better, I became interested. This service will really help me understand more of what is going on the T.V.

I hope you will consider making television programs accessible to blind persons as you consider the reauthorization of the Education of the Handicapped Act.

Sincerely,

Kathleen Kelleher

32 Appleby St.
Brockton, MA 02402
April 11, 1989

The Honorable Major Owens
Chairman
Committee on Select Education
518 House Annex #1
Washington, DC 20515

Dear Congressman Owens:

My name is Sonja Allen and I am presently attending Perkins School for the Blind in Watertown, Ma. I am a senior at age twenty and am writing to you with regard to "Descriptive Video Service" (DVS) which is presently being developed by WGBH television in Boston, Ma.

As a young adult with little vision, television viewing is quite difficult to say the very least. Consider for a moment how difficult and frustrating it would be for a person with little or no vision to understand a dialogue mainly consisting of body language. Not only is it frustrating to the nonsighted person, but it also can be trying on the patience of the sighted person who must give play by play descriptions throughout the course of the program.

After experiencing a sample of DVS, I believe it would be extremely worthwhile to incorporate this new idea into the lives of many fustrated blind citizens in our country. I sincerely hope you will consider this letter along with the letters of many other concerned visually impaired people when considering the reauthorization of the Education of the Handicapped Act, one which could make the lives of many people, blind or otherwise, a lot easier.

Sincerely,

Ms. Sonja Allen